

L22000474302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

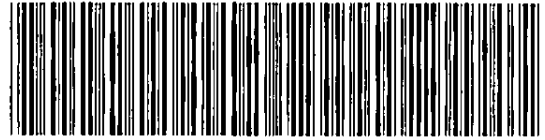
(Business Entity Name)

(Document Number)

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DATE: 06/03/2024

NAME: COVENT MUSIC LLC

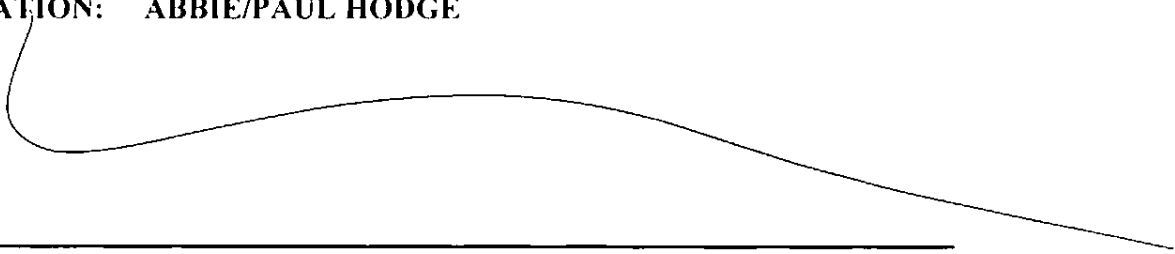
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COVENT MUSIC LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

COVENT MUSIC LLC

Firm/Company

11890 SW 8 ST., 211

Address

MIAMI, FL 33184

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle A. Delgado Esq.

516 300-3055
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COVENT MUSIC LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/04/2022 and assigned Florida document number L22000474302.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: E891D846-33EE-4421-8303-5C2F2D1719CD
If amending Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS E VARGAS VELILLA	11890 SW 8 ST SUITE 211	<input type="checkbox"/> Add
		MIAMI, FL 33184	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LIZA M AMARIS MEDINA	11890 SW 8 ST SUITE 211	<input type="checkbox"/> Add
		MIAMI, FL 33184	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eduardo Manuel Nunez Villegas	31797 Barrel Wave Way	<input checked="" type="checkbox"/> Add
		Wesley chapel, FL 33545	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

LIZA M AMARIS MEDINA has resigned in all capacity and should be removed.

CARLOS E VARGAS VELILLA has resigned in all capacity and should be removed.

Both, LIZA M AMARIS MEDINA and CARLOS E VARGAS VELILLA should not be listed as any title.

Eduardo Manuel Nunez Villegas, located at 31797 Barrel Wave Way, Wesley Chapel, FL 33545 is added as MGR.

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 23, 2024

<div>DocuSigned by <u>Eduardo Manuel Nunez Villegas</u> Signature of a member or authorized representative of a member</div>	<div>DocuSigned by <u>CARLOS E VARGAS VELILLA</u> Signature of a member or authorized representative of a member</div>	<div>DocuSigned by <u>LIZA M AMARIS MEDINA</u> Signature of a member or authorized representative of a member</div>
Eduardo Manuel Nunez Villegas	Carlos E. Vargas Velilla	Liza M. Amaris Medina
Typed or printed name of signee		