L2300027338

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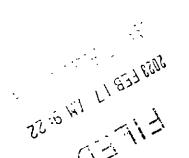


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ALLAHÄSSEE, FLOR

2023 FEB 17 AM 9: 22



COVER LETTER

TO:

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASTIKING MUSIC GROUP			
(Name of the Limited Liability (A Florida Li	Company as it now appears on c imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L2300027338</u>	npany were filed on \(\frac{\infty}{\sqrt{\sqrt{\chi}}}\).	sporz_	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designa	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			.
(Principal office address MUST BE A STREET ADDRE	<u>(2.2.2.</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2023 FEB 17
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	treet 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

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>	Address	Type of Action
HNBR	SAMPLL LINDSEY	557 LYMAN Hyme PLACE	Dadd
		Opanbe park, FL 32073	🗆 Remove
			□ Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
recor d is til	d 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 led.
Dated	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member AMOLL LINDSE

Filing Fee: \$25.00