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(((H23000067279 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : J&K ACCOUNTING SERVICES LLC

Account Number : I20200000194

: (786)448-3851

Fax Number

: (123)456-789

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email:	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRISTALERT MUSIC LLC

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H23000067-2793

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRISTALERT MUSIC LLC					•
(Name of the Limit	cd Liability Comp (A Florida Limited	any us it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited L Florida document number L23000071909	iability Company	were filed on 02/0	08/2023	and ass	igned
This amendment is submitted to amend the following	owing:			,	
A. If amending name, enter the new name o	<u>f the limited liat</u>	ollity company he	<u>re</u> :		
CRISALERT MUSIC LLC					
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the de	signation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applic ( <i>Principal office address MUST BE A STREE</i>		M -	<u>A</u>		
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	-nA			
B. If amending the registered agent and/or ragent and/or the new registered office addres		address on our re	cords, <u>enter the n</u> e	2023	v register
Name of New Registered Agent:			<del></del>	833.5	
New Registered Office Address:	1	Enter Flori	da sireei address Florida	21 PH 1:	
		City	, Florida	Zip Gode	

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

Title	Name A	Address	Type of Action
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ccord specifies a delayed effecti is filed.	ve date, but not an effect	live time, at 12:01 a	.m. on the earlier of: (	(b) The 90th day after the
FEBRUARY 21st	2023			
Cools	,	•		
	· Signature of a member or			

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