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COVER LETTER

(((H23000250902 3)))

TO: Registration Section
Division of Corporations

MILLS M	IUSIC HAUS LLC		
Name of Lim	ited Liability Company		-
Amendment and fee(s) are sub	mitted for filing.		
ondence concerning this matter	to the following:		
LOVETTE DOBSON			
	Name of Person		_
	Firm/Company		
17350 STATE HWY 249 S	STE 220		
	Address		_
HOUSTON TX, 77064			
	City/State and Zip Code		
=			
E-mail address: ()	to be used for future annual repr	ort potification)	
oncerning this matter, please ca	ill:		
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f Person	Area Code [Daytime Telephone Numb	per
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□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certifi d) Certifi	Filing Fee, cate of Status & ed Copy and copy is enclosed)
	Name of Lim Amendment and fee(s) are sub Indence concerning this matter LOVETTE DOBSON 17350 STATE HWY 249 S HOUSTON TX, 77064 EFILE1234@INCFILE.CO E-mail address: (i) roncerning this matter, please can of Person the following amount: \$30.00 Filing Fee &	Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON TX, 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report oncerning this matter, please call: at (Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: LOVETTE DOBSON Name of Person Name of Person Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON TX. 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (1) Area Code Person Area Code Daytime Telephone Numb the following amount: S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Certificate of Status Certified Copy Certificate of Status Certified Copy Certifie

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

(((H23000250902 3)))

MILLS MUSIC HAUS LLC

(Name of the Limited L.) (A F	iability Company as it now appear forida Limited Liability Company)	s on our records.)	S-
The Articles of Organization for this Limited Liabil Florida document number <u>L23000146918</u>	ity Company were filed on	03/22/2023	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	llmited liability company he	ere:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A.	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
			
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ecords, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:		ida street address	
	Enter Flor	ida sirvet adaress	
-	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regis	•		ap cour
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regi- company has been notified in writing of this chan	ent and agree to act in this on the complete performance of ead agent as provided for in C stered office address, I hereb	my duties, and I am fo Thapter 605, F.S. Or,	amiliar with and if this document is
	If Changing Registered Ag	ent. Signature of New Res	istered Avent

(((H23000250902 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000250902 3)))

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	MARIE CHALUMEAU	551 NW 42ND AVE , APT 608,	≣ Add
		PLANTATION, FL 33317	□Remove
			□Change
			— Agid
			□ Remove
			G)
			□Remove
			□Remove
			□Change
			□Add
			🗆 🗀 Remove
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			☐ Remove

(((H23000250902 3))

• .	ration, enter change(s) here: (Auach addi	
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fective date, if other than the effective date is listed, the date in ote: If the date inserted in this become many's effective date on the listense.	e date of filing: as be specific and cannot be prior to date of filing or block does not meet the applicable statutory fili Department of State's records.	(optional) more than 90 days after filing) Pursuant to 605 020' ng requirements, this date will not be listed a
coud specifies a delayed effecti is filed	ve date, but not an effective time, at 12:01 a m	on the earlier of: (b) The 90th day after the
July 18th ned	2023	
	Machairelle Chalumy	riúz
	Signature of a member of authorized representative	e of a member
	1./	