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R. HUNT 05/61/23 Regan W. Olson 2701 Mayport Rd 728 Jacksonville, FL. 32233 224-305-3504

re: Temporal Lobe Music, Amendment

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TEMPORAL LOBE 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:
REGAN W. OLSON Name of Person
TEMPORAL LOBE MUSIC, LLC Firm/Company
2701 MAYPORT RD. #728 Address
JACKSONVILLE FL. 32233 City/State and Zip Code
Teganizanice e gmail. com Te-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
REGAN W. OLSON at (ZZ4) 365-3504 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\times \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$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

he Articles of Organization for this Limited Liability Company	y were filed on	$\sqrt{25/23}$ and assigned			
lorida document number <u>L23 000 Z0356Z</u> .	/	,			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the design				
Inter new principal offices address, if applicable:		: : :			
Principal office address MUST BE A STREET ADDRESS)					
		ge P			
nter new mailing address, if applicable:	·				
Mailing address MAY BE A POST OFFICE BOX		50 L			
d. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our reco	rds, enter the name of the new register			
Name of New Registered Agent:					
Name of New Registered Agent: New Registered Office Address:	Enter Florida s	itreet address			
		, Florida			
	City				

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
MGR	REGAN W. OLSON	Z701 MAYPORT RD. 728	©Add
		Z701 MAYPORT RD. 728 JACKSONVILLE, FL. 32233	□Remove
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Effectiv	ve date, if other than the dat	te of filing:	(0	ptional)
Note: 1	ctive date is listed, the date must be a fithe date inserted in this block on its effective date on the Departure of the Depa	does not meet the applicable	ate of filing or more than 90 days a statutory filing requirements.	after filing.) Pursuant to 605.0207 (2) this date will not be listed as the
he record ord is file	specifies a delayed effective dated.	te, but not an effective time,	at 12:01 a.m. on the earlier of	(b) The 90th day after the
Dated _	4/26/23			
			DLO	A_{i}