From: Alfonso Valez

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000385843 3)))



H2400038584334BC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AV ACCOUNTING ASSOCIATES CORP

Account Number : I20220000141 Phone : (954)937-5905

Fax Number : (954)208-0209

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIPA MUSIC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



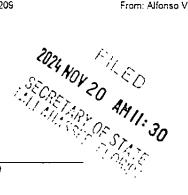
## **COVER LETTER**

TO: Registration S Division of Co			
LIPA MUS			
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	IVAN ALARCON		
	•	Name of Person	· · · · · · · · · · · · · · · · · · ·
	LIPA MUSIC, LLC		
		Firm/Company	<del></del>
	304 INDIAN TRACE		
		Address	
	WESTON, FL 33326		
		City/State and Zip Code	
	IVAN,ALARCON@VIBR	ASLAB.COM to be used for future annual report no	Istigation
For further information of	concerning this matter, please c		<i>meanor</i> ,
IVAN ALARCON		786 694-1437 at ()	
Name (	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 633 Tallahassee.		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.



LIPA 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 on03/06/2024	and assigned	
Florida document number <u>L24000114217</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	ility company here:		
Dome Music LLC			
The new name must be distinguishable and contain the words "Limited Liabi	hty 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)	<del></del>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>en</u>	ter the name of the new registered	
-			
New Registered Office Address:	Enter Florida street ad	dress	
	Florida		
<del></del>	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 6(	, and I am familiar with and D5, F.S. Or, if this document is	
If Char	iging Registered Agent, <u>Signatu</u>	re 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:

MCK =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			©Remove
			□Change
		<del></del>	□Add
			□ Remove
			⊡Change
			□Remove
		<del></del>	□ Change
			□Add
			□Remove
			□Change
			∐Add
			□Remove
			□ Change

· · · · · · · · · · · · · · · · · · ·				
				<del></del>
<del></del>				
***************************************			4	
				<del></del>
***************************************				
		07/01/2024		
(If an effective date Note: If the date	e inserted in this block d	pecific and cannot be prior to dat	e of filing or more than 90 days.	ptional) after filing ) Pursuant to 605 0207 () this date will not be listed as th
he record specifies ord is filed.	; a delayed effective date	e, but not an <b>c</b> ificative time, a	t 12:01 a.m. on the earlier o	it (b) The 90th day after the
Dated		2024		
			•	

Typed or printed name of signee