LZ4000128981

	(Request	or's Name)						
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PICK-U	P [] WAIT	MAIL					
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Certified Copies		Certificates of	Status					
Special Instructions to Filing Officer:								
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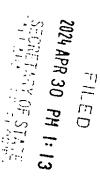




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1024 APR 30 PM 12: 58 SECRETARY OF STATE ALLAHASSEE FESTATE



COVER LETTER

TO: Registration Se Division of Cor			•	
T40 RECO	RDS LLC			
SUBJECT:	Name of Lim	ited Liability Company	··	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter	_		
	ORLANDO MELENDEZ	JR.		
		Name of Person		
	T40 RECORDS			
		Firm/Company		
	100 KINGS POINT DRIV	E #1215	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy	
		Address		
	MIAMI, FL 33160			
	100 KINGS POINT DRIVE #1215 Address			
	•		ration)	
For further information c	oncerning this matter, please c	all:		
ORLANDO MELENDE	Z JR.	340 473-7244 at ()		
Name o	f Person	Area Code Daytime	Celephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &	
Mailing Addres Registration S	Section	Street Address: Registration Sect		
Division of C	corporations	Division of Corpo	orations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T40 RECORDS LLC		
(Name of the Limited (A	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liab Florida document number £24000128981	ility Company were filed on 03/14/2024	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation '	'LLC" or the abbreviation 'L.L.C."
Enter new principal offices address, if applicab	le:	1-30 2
(Principal office address MUST BE A STREET)	ADDRESS)	R 30 P
Enter new mailing address, if applicable:		5.57A
(Mailing address MAY BE A POST OFFICE BO	<u></u>	- μα ω
B. If amending the registered agent and/or reg agent and/or the new registered office address l		nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, 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 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>	<u>Address</u>	Type of Action
MGR	DANNY LEVONS	100 KINGS POINT DRIVE #1215	≅ Add
			□Remove
			☐ Change
			□Add
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Filing Fee: \$25.00