

**L24000148237**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : INC AUTHORITY, LLC  
Account Number : I202400000004  
Phone : (775)329-7721  
Fax Number : (775)376-9207

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

Email Address: solitarymuzic2019@gmail.com

2024 APR -8 PM 12:21

711 EFD

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**SOLITARY MUZIC, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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2024 APR -8 PM 4:49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

T. LEMIEUX

APR 09 2024

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SOLITARY MUZIC, 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 on 03/27/24 and assigned  
Florida document number L24000148239.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

7960 Hampton Blvd #417

**(Principal office address MUST BE A STREET ADDRESS)**

North Lauderdale, FL 33068

**Enter new mailing address, if applicable:**

7960 Hampton Blvd #417

**(Mailing address MAY BE A POST OFFICE BOX)**

North Lauderdale, FL 33068

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

**New Registered Office Address:**

Enter Florida street address

**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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Acarla Smith	5550.S. UNIVERSITY DR. # 7212	<input type="checkbox"/> Add
		DAVIE, FL 33328	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Donnadoh Francis	7960 Hampton Blvd #417	<input type="checkbox"/> Add
		North Lauderdale, FL 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**Filing Fee: \$25.00**