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SECRETARY OF STATE
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COVER LETTER

Registration Section Division of Corporations

TO:

	NDO MUSIC LLC	P	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Luigi Arredondo		
		Name of Person	
		Firm/Company	
			•
	5790 SOUTHWEST 3RD		
		Address	
	MIAMI, FL 33144		
		City/State and Zip Code	•
	entityspecialist@1800accou	intant.com to be used for future annual report notif	ication)
For further information	concerning this matter, please c		secarion)
Luigi Arredondo		786 762-0269	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		二
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing ri Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARREDONDO 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 on $\frac{05/30/2024}{2}$ and assigned Florida document number _ L24000247370 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 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) 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 City lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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>	Type of Action
MGR	Luigi Arredondo	5790 SOUTHWEST 3RD STREET	□Add
		MIAMI, FL 33144	Remove
		·	■Change
			
			□Remove
			SECR GAddan
			SECRETARY OF STATE OCKange
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	ck does not i	meet the applic	cable statutory	or more than filing requi	90 days after rements, this	filing.) Purs s date will	uant to 605.02 not be listed
record specifies a delayed effective l is filed.	date, but no	t an effective t	ime, at 12:01	a.m. on the o	earlier of: (b) The 90t	h day after tl
ated		2024	 ,				
	L	ugi Ar	гедопда	,			
							

Filing Fee: \$25.00