

W4000010953

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

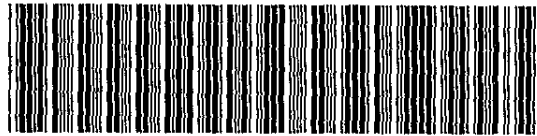
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W4-10953

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STATE
TALLAHASSEE FLORIDA

DR. CARL CRANDELL
PsychoAcoustiX
Records

PO Box 14108
Gainesville, Florida 32604
Phone: 352.262.3494
Fax: 352.331.0457
www.PsvchoAcoustiX.com

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSYCHOACOUSTIX RECORDS 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:

CARL C. CRANDELL

(Name of Person)

PSYCHOACOUSTIX RECORDS LLC

(Firm/Company)

PO BOX 14108

(Address)

GAINESVILLE, FL 32604

(City/State and Zip Code)

For further information concerning this matter, please call:

CARL C. CRANDELL

(Name of Person)

at (352) 392-2113 EXT 283

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

PSYCHOACOUSTIX RECORDS LLC

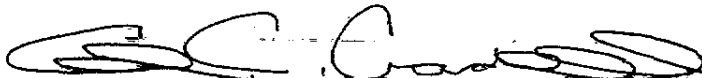
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on FEBRUARY 10, 2004 and assigned document number L04000010953

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

1. Brian M. Kreisman is no longer a managing member/manager.
2. Elmer C. Crandell is no longer a managing member/manager.

Dated OCTOBER 28, 2004



Signature of a member or authorized representative of a member

CARL C. CRANDELL

Typed or printed name of signee

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STATE OF FLORIDA
TALLAHASSEE

Filing Fee: \$25.00