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G. MCLEOD

AUG - 8 2008

EXAMINER



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DIVIGION OF CONFORMING

COVER LETTER

TO:	Registration S Division of Co			ν,
 SUBJE	CCT: MAI LA	ND, LLC.		
	•	(Name of Lim	ited Liability Company)	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		PAZ SHOHAM, EA		
			(Name of Person)	
		HLBC		
			(Firm/Company)	
		2320 Hollywood BLVD		
			(Address)	
		Hollywood, FL 33020		
			(City/State and Zip Code)	
For furt	her information o	concerning this matter, please c	all:	
Paz Si	az Shoham at (954) 921 4600 x 227			
	(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclose	ed is a check for the	he following amount:		
[2] \$ 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAI LAND, LLC. (Name of the Limited Liability Comp	oany as it now appears on our rec	ords.)
(A Florida Limited	Liability Company)	* 12.45 m.
The Articles of Organization for this Limited Liability Compar	ny were filed on 04/19/2004	and signed
Florida document number L04000029884		AUG -
This amendment is submitted to amend the following:		-7 PM
A. If amending name, enter the new name of the limited liz	ability company here:	બ 🛒 🔭
Cool Music School LLC		ප සිදු
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Cool Music S	school LLC
(Principal office address MUST BE A STREET ADDRESS)	11088 White Plantation FL	hawk st. 33324
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	street address)
	, Fl	orida
	(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 608, 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 the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Address Type of Action Title Name MGR' Ilana Shahar ☐ Add Remove 🗂 Add Remove ☐ Add Remove Add 🗖 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative 6 **ILANA SHAHAR** Typed or printed name of signee

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Filing Fee: \$25.00