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EXAMINER



200136646592

10/06/08--01050--005 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

Division of Cor	porations					
_{SUBJECT:} Red5 A	udio LLC					Ð
		ed Liability Company)				_
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.				
Please return all correspo	ndence concerning this matter t	o the following:				
	Alexander Simpson Duns					
		(Name of Person)				
	Red5 Audio LLC					
		(Firm/Company)	SEC	2008		
	7017 Waxwing Drive		AHA	2000 OCT	FILED	
		(Address)	ARY SSE	4		
	New Port Richey, FL 346	53	of s	ס	1 11	
		(City/State and Zip Code)	STATE DRIDA	2: 09		
For further information co	oncerning this matter, please ca	11:				
Alexander Dunsmore		at (727) 815-7872 -	-			
(Name o	of Person)	(Area Code & Daytime T	elephone Number	r)		
Enclosed is a check for th	ne 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)		sed)	

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

Red5 Audio LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears of imited Liability Company)	<u>n our records.</u>)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/03/2	2005	and assigned
Γhis amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and end with the word 'L.L.C."	ds "Limited Liability Company,	" the designation "LI	LC" or the abbreviation
Enter new principal offices address, if applicable:		SEC TALL	
Principal office address MUST BE A STREET ADDR	ESS)	OCT RETA AHAS	
		SEE, FI	m m
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		S ATE	
			
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addr		records, enter th	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:	(Enter	· Florida street add	ress)
		, 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 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 Changing Registered Agent, Signature of New Registered Agent)