

#L07000076048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JAN - 9 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DTI Digital, 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:

Thomas JR Strocchio
Name of Person

DTI Digital
Firm/Company

10817 Breaking Rocks DR
Address

Tampa FL 33647
City/State and Zip Code

tommy@DTIDigital.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rob at (352) 201-8977
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
13 JAN -7 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DTI Digital, 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 7-23-2007 and assigned
Florida document number LO7000076048

This amendment is submitted to amend the following:

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

DTI music Group, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

20450 Colonial Hill Dr
206 Tampa, FL
33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above ↑

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:

Robert Eugene Leigh

New Registered Office Address:

20450 Colonial Hill Dr 206
Enter Florida street address

Tampa

City

Florida

33647

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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

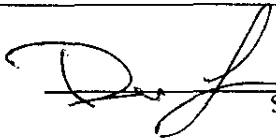
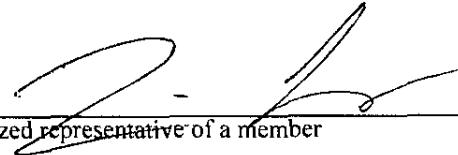
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert Leigh	20450 Colonial Hill	<input checked="" type="checkbox"/> Add
		Dr 206 Tampa Fl	<input type="checkbox"/> Remove
MGRM	Thomas SR Stroechio	10817 Breaking Rocks	<input type="checkbox"/> Add
		Dr Tampa FL 33647	<input checked="" type="checkbox"/> Remove
MGRM	David Berg	1701 The Greenway	<input type="checkbox"/> Add
		Dr #515 Jacksonville	<input checked="" type="checkbox"/> Remove
		FL 32250	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Just want to make sure
names are changed / LLC / addy

Dated _____, _____.

 
Signature of a member or authorized representative of a member

Robert Leigh

Tommy Strocchio Jr

Typed or printed name of signee

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Filing Fee: \$25.00