L0700016048

| (Reque | stor's Name) | |
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| (Addres | ss) | |
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| (City/Si | ate/Zip/Phor | ne #) |
| PICK-UP | WAIT | MAIL |
| (Busine | ess Entity Na | me) |
| (Docun | nent Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Filir | ng Officer: | |
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Office Use Only



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2013 MAY -3 PM 3: 36 SEGRETARY OF STATE TALLAHASSTE, FLORIDA

MAY - 6 2013 T CLINE



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2013

ROBERT LEIGH 20450 COLONIAL HILL DR 206 TAMPA, FL 33647

SUBJECT: DTI MUSIC GROUP, LLC

Ref. Number: L07000076048

We have received your document for DTI MUSIC GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavitor letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Section 608.407, Florida Statutes, requires the document(s) to be signed by member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 513A00009587

Her. Tammi.

This is Robert E Leigh...

Owner OF Jamwana, LLC

and DTI music Group Dlease

allow Jamuan, LLC to be

Changed with DTI music Group.

I am not opening that Jamuana LC

back UP. I'd like to switch

DTI music Group, LLC to be Jamuan. LLC Ove to Someone Trade marking DTIMUSIC.

Thank you

2013 HAY -3 PM 3: 36 SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Pober 1 Leigh Name of Person |
| DTI MUSIC Corrows, LLC Firm/Company |
| 20450 coloniel Hill DC 206 |
| Tampa Fl 33641 City/State and Zip Code |
| Contact OTT mysic group, Com E-mail address: (to be used for future annual report nonffication) |
| For further information concerning this matter, please call: |
| Name of Person at (382) 201 - 8977 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

2013 MAY -3 PM 3: 36

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23

-1

| DII music | Croop LLC | |
|---|---|--|
| (Name of the Limited Li (A FI | ability Company as it now appears o orida Limited Liability Company) | n our records.) |
| The Articles of Organization for this Limited Liab | • • • | 9 - 2015 and assigned |
| Florida document number LOT 0000 | 160 4 8 | 3: 36 3: 36 |
| This amendment is submitted to amend the follow | ing: | |
| A. If amending name, enter the new name of the | ne limited liability company here: | |
| The new name must be distinguishable and end with t "L.L.C." | he words "Limited Liability Company, | "the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicab | le: 20450 | colonial Hill Dr |
| (Principal office address MUST BE A STREET | | ampa FL. 33647 |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | | records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter | Florida street address |
| | City | , Florida 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 = N | MGRM = Managing Member | | |
|--------------|--|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| . If amend | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | |
| ated | |
| | |
| | Signification of a monber of authorized representative of a member |
| | Robert Leigh |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

2013 MAY -3 PM 3: 36