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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

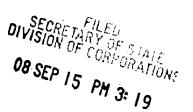
TO: Registration Sec Division of Corp			•		
SUBJECT: Max Lev	el's Rock And Roll	Academy, LLC	a		
		ited Liability Company)			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Walter W. Oakden, Jr.				
	,	(Name of Person)			
Max Level's Rock And Roll Academy, LLC					
		(Firm/Company)			
	P.O. Box 50965				
		(Address)			
Jacksonville Beach, FL 32240					
	(City/State and Zip Code)				
For further information co	oncerning this matter, please ca	all:			
Walter Oakden		at (561) 870-3331			
(Name of Person)		(Area Code & Daytime Telephone Number)			
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	330.00 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

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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



Max Level's Rock And Ro	oll Academy, LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>December 10, 20</u> assigned	
Florida document number <u>L07000122212</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Max Level's Rock Sta		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	5570 Florida Mining Blvd. S.	
(Principal office address MUST BE A STREET ADDRESS)	Suite 106	
	Jacksonville, FL 32257	
Enter new mailing address, if applicable:	P.O. Box 50965	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville Beach, FL 32240	
	<u> </u>	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	(Enter Florida street address)	
	(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> ☐ Add Remove Remove Add Remove ☐ Add Remove _ Add Remove ┌ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 8-7-08 Dated_ signature of a member of authorized representative of a member Walter W. Oakden, Jr. Typed or printed name of signee

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Filing Fee: \$25.00