L0800009583

(Requ	iestor's Name)		
(Addre	ess)		
(Addre	ess)		
(City/s	State/Zip/Phone	; #)	
PICK-UP	☐ WAIT	MAIL	
(Busir	ness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Fil	ing Officer:		

Office Use Only



000237718430

07/24/12---01018--014 **205.00

212 JUL 24 MIL 43
SECRETARY OF STATE

T. CLINE

JUL 2 5 2012

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	RECORD RC	OOM STUDIOS, LLC.		
30B0EC1.		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corre	spondence concerning this matter	r to the following:		
		Marcello Valenzano		
		Name of Person		
	RECO	RD ROOM STUDIOS, LLC		
		Firm/Company		
	14359	Miramar Parkway Suite 340		
Address				
	.	diramar Elarida 22027		
		firamar, Florida 33027 City/State and Zip Code		
	c	ool@coolanddre.com		
	E-mail address: ((to be used for future annual report notification)		
For further information	on concerning this matter, please	call:		
Ma	rcello Valenzano	at (_954_) 449-3152		
	ne of Person			
Enclosed is a check for	or the following amount:	Area Code & Daytime Telephone Number		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Reg Div P.O	sitiation Section ision of Corporations Box 6327 lahassee, 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

RECORD ROOM STUDIOS, LLC

(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Li Florida document number L08000009		were filed on	1/28/2008	and assigned	
This amendment is submitted to amend the follow	owing:				
A. If amending name, enter the new name of	the limited liab	oility company here	:		
	N/A	4			
The new name must be distinguishable and end with "L.L.C."	h the words "Lim	ited Liability Compan	y," the designation "L	LC" or the abbreviati	on
Enter new principal offices address, if applicable:		N/A			_
(Principal office address MUST BE A STREE	T ADDRESS)				
				N _S	•
Enter new mailing address, if applicable:		N/A		2 JUL	
(Mailing address MAY BE A POST OFFICE BOX)		VI		- SRY 1≠ - 1	
				25 E	* ~
B. If amending the registered agent and/or registered agent and/or the new registered of			ir records, <u>enter t</u>	he pame of the no	<u>:w</u>
Name of New Registered Agent:	Marcello Va	alenzano			-
New Registered Office Address:	14359 Mira	mar Parkway Su	ite 340		
	Enter Florida street address				
		Miramar	, Florida	33027	_
		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

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>	Name	Address	Type of Action
MGRM	Renida Tai-Valenzano	14359 Miramar Parkway Suite 340 Miramar Florida 33027	Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add PRemote
D. If amendii <u>N/A</u>		(s) here: (Attach additional sheets, if necessary.)	SSEE
			PLANTE U
Dated	July 19 , 1201	12/2.	
_	Signature of a member of	or authorized representative of a member	
		cello Valenzano	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00