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JUN 05 2014 J. HARRIS

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: 5 D RECORDS 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: |
| KENNETH CRAWLEY Name of Person |
| 5 D RECORDS, LLC Firm/Company |
| 1762 BRIAR CREEK LANE Address |
| SARASOTA FL 34235 City/State and Zip Code |
| Kenetce amail. com E-mail address. (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at 941 993-4160 Name of Person Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\frac{1}{2}\$\$30.00 Filing Fee & Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$\$ \$60.00 Filing Fee, 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

| (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) | records.) | |
|---|-----------------------------------|-----------------|
| The Articles of Organization for this Limited Liability Company were filed on MARC Florida document number 10800023217. | H 4, 2008 and assig | gned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability company here: | | |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designat | ion "LLC" or the abbreviation "L. | L.C." |
| Enter new principal offices address, if applicable: | | प्र |
| (Principal office address MUST BE A STREET ADDRESS) | F | 2012 |
| 111111111111111111111111111111111111111 | Ž. | 要が |
| | 2 | GEE. |
| Enter new mailing address, if applicable: | P# | 18 (2) 18 (1 |
| (Mailing address MAY BE A POST OFFICE BOX) | <u></u> | |
| | <u>n</u> | <u> </u> |
| B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here: | records, <u>enter the name o</u> | of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| Enter Florida stree | et address | |
| | , Florida Ziv Code | |
| City New Registered Agent's Signature, if changing Registered Agent: | хір Code | |

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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Address</u> Type of Action **Name** AMBR DARLENE SHEPHERD 1762 BLIAR CREEK LANE XADD SARASOTA FL 34235 □ Add □ Remove □ Add = □ Remove تي Add ☐ Remove □ Add ☐ Remove □ Remove

Page 2 of 3

| Effective date if | other than the date of filing: | (optional) |
|-----------------------|---|------------------------------|
| | ist be specific, cannot be prior to date of receipt or filed date and cannot not is filed by the Florida Department of State) | t be more than 90 days after |
| the date this documen | nt is filed by the Florida Department of State) | t be more than 90 days after |
| | nt is filed by the Florida Department of State) | |

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Filing Fee: \$25.00

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