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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS  
MAR 13 2009  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Paradox 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:

Sunil Alvarez  
(Name of Person)

Paradox Records, LLC  
(Firm/Company)

1319 NW 113th terrace  
(Address)

Coral Springs, FL, 33071  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Sunil Alvarez at (954) 663-5962  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 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

**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**

Paradox Records, 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 6/18/08 and assigned  
Florida document number L080000060343

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 designation "LLC" or the abbreviation  
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1319 NW 113th terrace

Coral Springs, FL, 33071

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Sunil Alvarez

New Registered Office Address:

1319 NW 113th terrace

(Enter Florida street address)

Coral Springs

(City)

Florida

33071

(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

Title	Name	Address	Type of Action
MGR	Phoenix, Larkhane	280 Commodore Drive Apt 1325 Plantation, FL, 33325	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Testa, Michael	114 Savona Circle Royal palm Beach, FL, 33411	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

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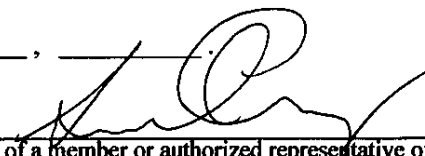


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Dated \_\_\_\_\_,

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Sunil Alvarez  
 \_\_\_\_\_  
 Typed or printed name of signee