

**L08000060473**

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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10 JAN 14 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
JAN 15 2010  
**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: El Rinconcito Musical, 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:

Jaime Gil

Name of Person

El Rinconcito Musical, LLC

Firm/Company

2650 South Military trail, suite 11

Address

West Palm Beach, Florida 33415

City/State and Zip Code

elrinconcitomusical@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime Gil

Name of Person

at ( 561 )

596 8181

Area Code & Daytime Telephone Number

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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**

El Rinconcito Musical, 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 June 19, 2008 and assigned  
Florida document number L08000060473.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2650 South Military Trail, suite 11

West Palm Beach, Florida 33415

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2650 South Military Trail, suite 11

West Palm Beach, Florida 33415

**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:

New Registered Office Address:

2650 South Military Trail, suite 11

*Enter Florida street address*

West Palm Beach

Florida

33415

*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

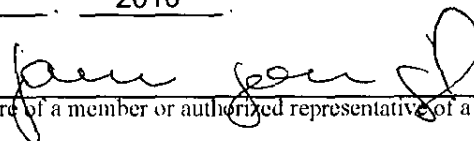
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Uribe, Edgar	2650 S. Military Trail, #111 West Palm Beach, FL 33415	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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\_\_\_\_\_  
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 10 JAN 14 AM 11:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated January 11 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Jaime John Gil  
 \_\_\_\_\_  
 Typed or printed name of signee