

L08000064147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

L08-64147  
(Document Number)

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09 MAR -6 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

S. HAWKES

MAR 3 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2009

HOWARD SIMMONS  
10963 WHITLY COURT  
JACKSONVILLE, FL 32246

SUBJECT: O.O.O. RECORDS, LLC  
Ref. Number: L08000064147

We have received your document for O.O.O. RECORDS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved corporation. The name of a voluntarily dissolved corporation is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved corporation provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 809A00007433

Howard Simmons (904) 735-7846  
Desyray Keizer (904) 742-9426  
10963 Whitly Court  
Jacksonville, FL 32246

February 27, 2009

To Whom It May Concern:

Please find enclosed an Articles of Amendment along with a money order totaling \$25.00 for the Filing Fee.

If you have any questions, please do not hesitate to contact me at the number(s) provided.

Sincerely,

A handwritten signature in black ink that reads "Desyray Keizer". The signature is written in a cursive style with a large, stylized "K".

Desyray Keizer

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Own Our Own 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:

Howard Simmons  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

10963 Whitly Court  
(Address)

Jacksonville, FL 32246  
(City/State and Zip Code)

For further information concerning this matter, please call:

Howard Simmons at (904) 735-7846 or 742-9426  
(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

FILED  
09 MAR -6 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O.O.O. 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 7-1-2008 and assigned Florida document number L08000064147

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

On Our Own Records/Entertainment, LLC.

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)

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:

New Registered Office Address:

*(Enter Florida street address)*

Florida

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated February 25, 2009

Desyray Keizer  
 Signature of a member or authorized representative of a member

Desyray Keizer  
 Typed or printed name of signee.