## 108000074822

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M. THOMAS
JUL 17 2009
EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PARADYNE RECORDS LEC  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:
Mame of Person
Firm/Company
1521 GANTS CIRCLE FOR B
KISSIMMEE, FL 34744  City/State and Zip Code
eaistop @ aol. com  E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EMMA AISTROP at (321) 443 9618  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed) \$\ \t

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

PENDULUM (Name of the Limited Liability (A Florida	Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability of Florida document number <u>LOSOOO74822</u>		ST 4, 2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line  PARA DYNE RECORD  The new name must be distinguishable and end with the wo "L.L.C."	RDS LLC	the designation "LECT" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADD.	RESS)	SSEE STATE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- NA	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Fi	lorida street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	•	ap cont

If Changing Registered Agent, Signature of New 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
		NA	Add Remove	
			Selection T	
			And Representation of the second seco	
			A Remove	
		- 124	Add Remove	
			Add Remove	
D. If amen	iding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)		
_	N/A	7	_	
_			<del></del>	
Dated	TULY 13 , 20	209. L.Z.	_	
	EMMA AIS	er or authorized representative of a member		

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Filing Fee: \$25.00