# 1080xxxx4620

| •                                       |             |
|---|-------------|
| (Requestor's Name)                      |             |
|   |             |
| (Address)                               | <del></del> |
|   |             |
| (Address)                               |             |
|   | • ,         |
| (City/State/Zip/Phone #)                | •           |
| , , ,                                   |             |
| PICK-UP WAIT                            | MAIL        |
|   |             |
| (Business Entity Name)                  |             |
|   |             |
| (Document Number)                       |             |
|   |             |
| Certified Copies Certificates of        | Status      |
|   |             |
| Consist Instructions to Filipp Officer  |             |
| Special Instructions to Filing Officer: |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |

Office Use Only



700157045247

06/12/09--01075--005 \*\*25.00



S. HAWKES

JUN \_ 5 2009

EXAMINER

## PICKREL, SCHAEFFER AND EBELING

A LEGAL PROFESSIONAL ASSOCIATION

2700 KETTERING TOWER 40 NORTH MAIN STREET DAYTON, OHIO 45423-2700

937/223-1130

FACSIMILE 937/223-0339

www.pselaw.com

DONALD G. SCHWELLER
PAUL J. WINTERHALTER
R. PETER FINKE
MICHELE L. KING\*\*\*\*
JOSEPH P. MATTERA\*\*\*\*
MATTHEW D. STOKELY\*\*
MATTHEW C. SORG
SARAH B. CAPTEP
SARAH C. APTEP SARAH B. CARTER

OF COUNSEL IRA H. THOMSEN ALISON N. SACKENHEIM

JAMES L. JACOBSON-JEFFREY S. SENNEY L. MICHAEL BLY MICHAEL W. SANDNER GREGORY S. PAGE\* JOHN E. CLOUGH\*\*\*\* DAVID H. MONTGOMERY \* Also licensed in KY Also licensed in FL \*\*\*Also licensed in Ft, and Mi \*\*\*\*\*Also licensed in NY
\*\*\*\*\*Also admitted in MA
\*\*\*\*\*\*\* Also admitted in NY and CT

PAUL E. ZIMMER ALAN B. SCHAEFFER ANDREW C. STORAR JON M. ROSEMEYER JAMES W. KELLEHER JAMES L. JACOBSON\*

June 8, 2009 ·

### **VIA CERTIFIED MAIL**

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

> Re: Remix It Like A Record, LLC

Dear Sir/Madam:

Enclosed is a Cover Letter and the original and one (1) copy of the Articles of Amendment to Articles of Organization of Remix It Like A Record, LLC. Please file the enclosed documents at your first opportunity and return the extra file-stamped copy and/or acknowledgment confirming the filing to the undersigned.

A check in the amount of \$25.00 is enclosed for payment of the filing fee.

Thank you for your assistance in this matter. If you have any questions or need additional information, please feel free to contact our office.

Sincerely,

PICKREL, SCHAEFFER AND EBELING CO., L.P.A.

Deresa M. aund Teresa M. Cundiff

Corporate Paralegal

/tmc Enclosures

# **COVER LETTER**

| Division of Corporations  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| SUBJECT: REMIX IT LIKE A RECORD, 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:   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Teresa M. Cundiff   |   |  |  |  |  |  |
| (Name of Person)  |   |  |  |  |  |  |
| Pickrel, Schaeffer & Ebeling Co., LPA   |   |  |  |  |  |  |
| (Firm/Company)  |   |  |  |  |  |  |
| 2700 Kettering Tower  |   |  |  |  |  |  |
| (Address)   |   |  |  |  |  |  |
| Dayton, OH 45423-2700   |   |  |  |  |  |  |
| (City/State and Zip Code)   |   |  |  |  |  |  |
| For further information concerning this matter places call.   |   |  |  |  |  |  |
| For further information concerning this matter, please call:  |   |  |  |  |  |  |
| Teresa Cundiff at ( 937 ) 223-1130  |   |  |  |  |  |  |
| (Name of Person) (Area Code & Daytin  | ne Telephone Number)  |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Enclosed is a check for the following amount:   |   |  |  |  |  |  |
| \$25.00 Filing Fee \$\sim \text{\$\subset\$\$30.00 Filing Fee & Certificate of Status}\$\$ 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**

REMIX IT LIKE A RECORD, 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 Comp  | any were filed on 09/04/2008   | and assigned                            |  |
|---|--------------------------------|---|--|
| Florida document number L08000084620  |                                |   |  |
| This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited     | liability company boro         | TSTC W                                  |  |
| A. If amending name, enter the new name of the infined  | nability company here.         | 7                                       |  |
| TAOTR, LLC  |                                |   |  |
| The new name must be distinguishable and end with the words "I"  "L.L.C."                                       | Limited Liability Company," th | e designation "LLC" or the abbreviation |  |
| Enter new principal offices address, if applicable:   | •                              | **/                                     |  |
| (Principal office address MUST BE A STREET ADDRESS  | 5)                             |   |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                            |                                |   |  |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address |                                | cords, enter the name of the nev        |  |
| Name of New Registered Agent:   |                                |   |  |
| New Registered Office Address:  | (Enter Fl                      | (Enter Florida street address)          |  |
|   |                                |   |  |
|   | (City)                         | (Zip Code)                              |  |
| New Registered Agent's Signature, if changing Registered Ag   | ent:                           |   |  |

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)

Iramending 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:

| $\mathbf{MGR} = \mathbf{MGRM} = 1$ | Managing Member                        |   |                |
|------------------------------------|--|---|----------------|
| <u>Title</u>                       | <u>Name</u>                            | Address                                     | Type of Action |
|                                    |  |   | = ,            |
|                                    |  |   |                |
| <u></u>                            |  |   | Add Remove     |
|                                    | -                                      |   | Add            |
|                                    |  |   |                |
|                                    |  |   | Add            |
| D. If amen                         | ding any other information, enter char | nge(s) here: (Attach additional sheets, if  |                |
| _                                  |  |   |                |
|                                    |  |   |                |
| Dated                              | May 29 , 20                            | 909   |                |
|                                    | Signature of a memb                    | er or authorized representative of a member |                |
|                                    | Vincent C. DiPasquale,                 | President ed or printed name of signee      |                |

Page 2 of 2

Filing Fee: \$25.00