# 09000059449

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T. CLINE
OCT 20 2010
EXAMINER

# **COVER LETTER**

· · · · · · · · · · · · · · · · · · ·
TO: Registration Section Division of Corporations
SUBJECT: The MUSIC Immersion Program 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:
Danielle Philippe Name of Person Ppe
Firm/Company
292 Baywest Neighbors Cir.
danielle phil noe whatmail cam
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Danielle Philippe at (786) 877-1390  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
▼ \$25.00 Filing Fee    \$30.00 Filing Fee &

## MAILING ADDRESS:

Jak .

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

Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.)  Ed Liability Company)			
The Articles of Organization for this Limited Liability Compa Florida document number <u>L0900059449</u> .	any were filed on 6/18/2009 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited I  Don elle Philope LC  The new name must be distinguishable and end with the words "L'L.L.C."	iability company here:  Limited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	292 Baywest Neighbors Or. Orlando, FL 32835 = TI			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	292 Baywest Neighbous Or. Odando, FE 32835			
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:	anielle Philippe			
New Registered Office Address: 292	Baywest Neighbors ar.  Enter Florida street address			
	Orlando, Florida 32835  City Zip Code			

### New Registered Agent's Signature, if changing Registered Agent:

المعرر

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u> </u>		Add Remove
			Add Remove
			Add Remove
			Add FRemove
			Remove
			Add Remove
D. If an	nending any other information, enter cha	ange(s) here: (Attach additional sheets, if nec	essary.)
	001-1-0: 011 5	2000	
Dated _	October 04, =	<u>· · · · · · · · · · · · · · · · · · · </u>	
		ber or authorized representative of a member	
	Danielle P	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00