## 10900007140/

(Requestor's Name)	
(Address)	
(Address)	,,,
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	: :
(Document Number)	
(Socialistic dalissi)	
Certified Copies <u>************************************</u>	:

Special Instructions to Filing Officer:

A. LUNT

SEP 29 2009

**EXAMINER** 

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

10:	Division of Co			
SUBJE	CT:	Patria	rch Music, LLC	
50501	<u></u>		nited Liability Company	
The en	closed Articles of	f Amendment and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
			Salem Hassan	
			Name of Person	
Patria		Patriarch Music, LLC	1 2	
Firm/0		Firm/Company	SEC:	
	9838 Old Baymeadows Rd #234		AHA P	
			Address	TARY NASSE
		Ja	cksonville, Florida 32256	면요 <b>면</b> #
		City/State and Zip Code		M 2: 51 FINATE FLORID
		E-mail address:	salem@breezego.com (to be used for future annual report notification)	***
For fur	ther information	concerning this matter, please	call:	
	Sa	alem Hassan	at ( 904 ) 206-	2244
	Name	of Person	Area Code & Daytime Telep	hone Number
Englos	ed is a check for	the following amount:		
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		ration Section on of Corporations Box 6327	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Patriarch Mu	sic, LLC			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lial	as it now appear pility Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number L09000071401			and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company her	<u>·e</u> :		
Audio Village Mu	usic, LLC			
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compa	any," the designation "l	FAL SE	eviatio
Enter new principal offices address, if applicable:			SE SE	7
(Principal office address MUST BE A STREET ADDRESS)			7AF 28	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			PH 2:51 OF STATE FE. FLORIDA	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	En	our records, enter steer steer Florida street add	Iress	he new
•	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>		Address	Type of Action
Mr	Charles G	angi	359 Hearth Stone Terrace	✓ Add
			Port Orange, Florida 32127	Remove
				Add Remove
	<del></del>			Add Remove
		····		Add Emove
				SEP 27
				PER STATE
D. 16				Remove
D. II amen	umg any other in	ormation, enter change	e(s) here: (Attach additional sheets, if necessa	
				<del></del>
_				
Dated	9/23	, 200	09	
	****	Signature of a member	or authorized representative of a member	
			Salem Hassan	
		Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00