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M. THOMAS

SEP一直回避

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Spin	Records UC	
·	Name of Limited Liability Company	
The enclosed Articles of Amendmen	nt and fee(s) are submitted for filing.	
Please return all correspondence con-	ncerning this matter to the following:	
	Harold Mullee	
	Name of Person	
	Firm/Company	
	00 N. Ashley Drive 4/04	<b></b>
	✓ Address	量加
To	ampa / FL/33602 PSP City/State and Zip Code	
	City/Spate and Zip Code  HM Wee R S DC DOC S CAAA	im = k
	H Mulkee & 5DSDOCS, COM E-mail address: (to be used for future annual report notification)	
For further information concerning th	his matter, please call:	FILED PHIZ: 02
Harold McKe	at (813) 299 - 7135  Area Code & Daytime Telephone Number	2
Name of Ferson	And Code & Daytine Colephone Number	
Enclosed is a check for the following	g amount:	
	O Filing Fee & \$\ \tag{\$55.00}\$ Filing Fee & \$\ \tag{\$60.00}\$ Filing Fee, tificate of Status (additional copy is enclosed) \$\ \tag{\$60.00}\$ Filing Fee, Certificate of Status (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

Spin Records L	LC
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L0900007305.4</u>	any were filed on $\frac{7/29/09}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and end with the words "Li "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	TAS 55
(Principal office address MUST BE A STREET ADDRESS)	14399 US Higher & North
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Clearwater, FL 336 3 R
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:
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 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			
MGRM	Ken McKee	1000 N. Ashley #104 Add Tampa, FL 33602 Remove			
		Add Remove			
		Add Remove			
		Add Remove			
		Add Remove			
D. If an	nending any other information, ent	er change(s) here: (Attach additional sheets, if necessary, F. S. OR F. S.			
Dated	August 27 Shat xx	, 2009			
	Signature of Kenneth Mi	a member or authorized representative of a member			

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Filing Fee: \$25.00