## 1090000085662

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**EXAMINER** 



600171595796

03/15/10--01027--004 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

010 MAR 15 PM 1:2

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	pondence concerning this matter	r to the following:		
		Odeline Garcia	<u> </u>	
		Name of Person		
		Firm/Company		
	1795 Nw 109th St		SECI	2010 HAR 15
		Address	CRETAR' LAHASS	HAR IS PR
		Miami, FL 33167 City/State and Zip Code		
	hustl	ehardrecord@gmail.com (to be used for future annual report notifical	FLORIDA	PM : 2:
For further information	concerning this matter, please			· N
Ro	ony Guillaume	at ( 954 ) 2	88-9441	
	of Person	Area Code & Daytime		
* 14.40				
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is	
	LING ADDRESS:	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	d Records Llc.			
( <u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears ed Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compa	any were filed on	Sep 3, 2009	and assigned	
Florida document numberL0900085662				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here	<b>:</b>		
HUSTLE HARD	RECORDS LLC.			
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Compan	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u> </u>	20	
••		Ţ	S S S S S S S S S S S S S S S S S S S	
		7	· ( c	
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 have been addressed agent.		ır records, <u>enter t</u>	he name of the new	
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 Changing Registered Agent, Signature of New Registered Agent

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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<del></del>		Add Remove
			Add Remove
			Adel Remove
			SSE JAdd
D. If amer	nding any other information, en	ter change(s) here: (Attach additional sheets, if necessa	
-			
_			
Dated	March-3	<u>, 2010</u> .	
	1 How	f a member or authorized representative of a member	
	Signature of	•	
		Rony Guillaume Typed or printed name of signee	

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Filing Fee: \$25.00