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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 04 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sounds Of Poetry, 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:

Dawntavia Bullard

Name of Person

Sounds Of Poetry, LLC

Firm/Company

2430 NW 59th Street

Address

Miami, FL 33142

City/State and Zip Code

Soundsofpoetry@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawntavia Bullard

Name of Person

at (305)

766-4483

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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10 MAR -3 PM 3:33
TALLAHASSEE, FL 32301
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sounds Of Poetry, 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 Company were filed on 10-21-2009 and assigned Florida document number L09000101443.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: _____

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Harald Bindeus	2430 NW 59th Street Miami, FL 33142	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Henderson Maddox	2430 NW 59th Street Miami, FL 33142	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Iisha Hillmon	2430 NW 59th Street Miami, FL 33142	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ADT Productions	2430 NW 59th Street Miami, FL 33142	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated February 26, 2010.

Dawn Bullard

Signature of a member or authorized representative of a member

Dawntavia Bullard

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA