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2010 DEC 13 PM 4: 19

C. LEWIS

DEC 1 4 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	**************************************
SUBJECT: LACKY Stones Music & roup 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:	
Here Casmi Name of Person	-
Firm/Company	-
1755 N. E 16 4 to St. Address	
mi acting FC, 33/62 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	smull com
For further information concerning this matter, please call:	
Name of Person at (286). 3 >0 - 548 at (286). 3 >0	<u> </u>
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

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**

FILED

LUCKY Stones M (Name of the Limited Liability Compa) (A Florida Limited L	usic a 2010 DEC 13 PM di: 89
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears of our records.) Liability Company) TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	
Florida document number 4000000 2006.	
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1546 NF 1655 St
(Principal office address MUST BE A STREET ADDRESS)	1546 NF 165th St North Minni, Beach, FC 33162
Enter new mailing address, if applicable:	1578/ N.E 1514 PC
(Mailing address MAY BE A POST OFFICE BOX)	1578/ N.E (514 PC N.M.B, FC 33/62
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	c, Casimir
New Registered Office Address: 15 46 N	Enter Florida street address
North M	City Bence, Florida 3368
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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 **Type of Action** Address Desper Casimir 1546 mil 165 trast

North Mian; Beach;

33/62

Marin Manifer Christopher 1546 N.E 165 trast

North Manifer Beach;

33/62 ☐ Add ☐ Remove Remove $\prod Add$ ∏Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00