# #L10000019196

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Special Instructions to Filing Officer:				
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SECRETARY OF STATE

K.SALY EXAMINER MAY 2 2 2013

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

CTID TECT

# Underground Paradox Productions 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:

## **Brian Thomas**

Name of Person

## **Underground Paradox Productions LLC**

Firm/Company

10111 Queens Park Dr.

Address

Tampa, FL 33647

City/State and Zip Code

brian@undergroundparadox.com

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

For further information concerning this matter, please call:

## **Brian Thomas**

Name of Person

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:

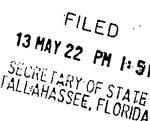
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

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

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



**Underground Paradox Productions 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 Compa	any were filed on Feb	ruary 18, 2010	_ and assigned
Florida document number L10000019196			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here	<b>:</b>	
Music Festival Trips LLC			
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Compar	ny," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		·
	<del></del>		
			•
Enter new mailing address, if applicable:	<del></del>		_
(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		ur records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
Non-toginered Office yieldess.	er Florida street addre.	ss	
		, Florida City Zip Code	
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>:nt:</u>		
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and co	-	. , , ,	• •

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

Remove

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 **Title** <u>Name</u> 509 Lakewood Drive Hugh Do **MGR** Oldsmar, FL 34677 Remove Remove Remove

. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
May 22	2013
rated 1114 7	
1 m	fire
Si	ignature of a member or authorized representative of a member
Brian Thomas	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00