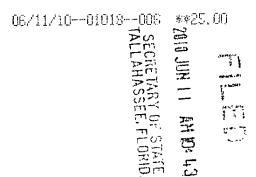
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(Address)					
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T. CLINE

JUN 14 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: INDIA		AVE RECORDING STUDI	O, LLC	
The enclosed Articles o	f Amendment and fee(s) are su	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	W	/ILLIAM SPADAFORA		
		Name of Person		
	INDIALANTIC SOU	ND WAVE RECORDING STU	DIO, LLC	
		Firm/Company		
	1520 NO	RTH HIGHWAY A1A SUITE B	TALL TALL	5
Address			AH5	en v () en en e
	IN	DIALANTIC, FL 32903	ARY (
		City/State and Zip Code	THE ST	15 5
	E-mail address: (to be used for future annual report notification		<u>ب</u> ف
For further information	concerning this matter, please of	all:	jorne er	
ALFONSO FOSTER at (321) 373-7417 Name of Person Area Code & Daytime Telephone Number				
Name	or reison	Area Code & Daytime Tex	ephone Number	
Enclosed is a check for t	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 enclo	osed)

MAILING ADDRESS:

= 1

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**

INDIALANTIC SOUND WAVE RECORDING STUDIO, 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 Li	iability Company were	e filed onMAR	CH 10, 2010	and assi	gned	
Florida document number L10000026						
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	J	company here:				
The manner of the few maine of	the mined hability	company nere.				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited L	iability Company," th	e designation sis	ezz.	breviation	
Enter new principal offices address, if applications	able:		АНА	AL ALLANGE	Maria Cara	
(Principal office address MUST BE A STREE	T ADDRESS)		- SE		• • • • • • • • • • • • • • • • • • • •	
				<u> </u>	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Enter new mailing address, if applicable:				17/1E 17/1E 17/1E		
(Mailing address MAY BE A POST OFFICE A	 BOX)		- <u>-</u> - <u>-</u>			
B. If amending the registered agent and/or registered agent and/or the new registered of		address on our re	cords, <u>enter th</u>	ne name of	the new	
Name of New Registered Agent:	MY CAPITAL ACCOUNTING SERVICES, LLC					
New Registered Office Address:	927 E. NEW HAVEN SUITE 314					
	Enter Florida street address					
		DURNE	, Florida	32901		
	Cit	V		Zip Code		
New Registered Agent's Signature, if changing R	tegistered Agent:					
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this c	roper and complete p tered agent as provi egistered office ad a	performance of my ded for in Chapter	duties, and I ar 608, F.S. Or, ij	n familiar w f this docum	vith and ent is	

Page 1 of 2

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> **Type of Action** WILLIAM SPADAFORA MGRM 121 FRANKLYN AVE ✓ Add APT E_ Remove INDIALANTIC, FL 32903 Remove _ Add Remove U Remove \square Add . Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 8 Dated _____ authorized representative of a member WILLIAM SPADAFORA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00