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SECRETARY OF STATE DIVISION OF GORPORATIONS

T. HAMPTON JUN 24 2010

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: TEENY WEENY Music LLC Name of Limited Liability Company
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:
LINDA MARIE NOYES RODRIGO Name of Person
TEENY WEENY MUSIC LCC Firm/Company
3401 WEST PARK RO.40
HOLLYWOOD FLORIDA 3302/
teenyweenymusica and zip Code teenyweenymusica and it-com E-mail address: (to be used for future annual report portification)
For further information concerning this matter, please call:
LINDA Noves at (954) 608-0640 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

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

TEENY WEENY M	USIC, LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were	e filed onMAY 11, 2010	and assigned
Florida document numberL10000050849	•	
•	l .	
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 L "L.L.C."	iability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		SEC VISI VISI
(Principal office address MUST BE A STREET ADDRESS)		DAY 23
Enter new mailing address, if applicable:	. :	ORPOT PAR
(Mailing address MAY BE A POST OFFICE BOX)		ZATION:
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter	the name of the new
New Registered Office Address:		
	Enter Florida street ac	ddress
·	, Florida _	
Cit	ty	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 Title _ <u>Address</u> Type of Action Name Remove Add 🔲 Remove 🗌 Add-Remove Add Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00