

L10000051740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

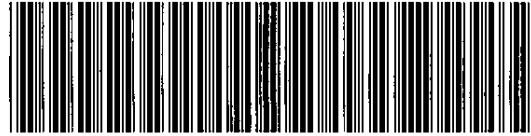
Special Instructions to Filing Officer:

A. LUNT

SEP 13 2010

EXAMINER

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2010 SEP 10 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SPICE FINANCIAL 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:

GIFFARD BULLEN  
Name of Person

Firm/Company

PO BOX 101306  
Address

PALM BAY FL 32910  
City/State and Zip Code

GIFF10@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

GIFFARD BULLEN at ( 718 ) 594-5013  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**SPICE FINANCIAL 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 05/13/2010 and assigned Florida document number L10000051740.

This amendment is submitted to amend the following:

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

**URBAN RECORDS LLC**

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)**

1487 DEPEW ST SE

SUITE - 500

PALM BAY FL 32909

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

PO BOX 101306

PALM BAY FL 32910

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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:

GIFFORD BULLEN

New Registered Office Address:

722 E MEMORIAL BLVD

*Enter Florida street address*

LAKELAND

*City*

, Florida

33801

*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>
MGR	LEXUS MANAGEMENT GR	722 E MEMORIAL BLVD LAKELAND FL 33801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GIFFARD BULLEN	PO BOX 101306 PALM BAY FL 32910	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 CLERK OF SUPERIOR COURT  
 TALLAHASSEE, FLORIDA

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

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Dated SEPTEMBER 07, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
Giffard Bullen  
 \_\_\_\_\_  
 Typed or printed name of signee