L100000061561

(Requestor's Name)				
(Address)				
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(Business Entity Name)				
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Special Instructions to Filing Officer:				
A. LUNT				
SEP 28 2010				
EXAMINER				

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500185479635

09/22/10--01009--002 **25.00



COVER LETTER

TO: Registration Section Division of Corporation	ns		
SUBJECT: 360 E	T RECORDS Name of Lim	LLC ited Liability Company	
The enclosed Articles of Amendr	. ,	•	2016 SEP 22 SECRETARY TALLAHASSI
		RYSON Name of Person RECORDS LLC	SEP 22 PH IS 29 SEP 22 PH IS 29 CHETARY OF STATE LAHASSEE FLORIB
	-	Firm/Company ALLIENIA BLVD 501 Address	₽.
	ORLAND DFRYSO, E-mail address:	City/State and Zip Code C 3 60 en ter to in n to be used for future annual report notifica	ment corp. com
For further information concerning			iony
Name of Person		at () Area Code & Daytime T	elephone Number
Enclosed is a check for the follow	ing amount:		
	0.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING AD Registration Sec		STREET/COURIER Registration Section	t ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360 ET RECORD	ty Company as it now appears on our rational Liability Company)	acords)		
(A Florida	a Limited Liability Company)	ecorus.)		
The Articles of Organization for this Limited Liability	Company were filed on	2010 and assigned		
Florida document number L100000 6 1561	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the de	esignation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		A S		
(Principal office address MUST BE A STREET ADL	DRESS)	ASS P		
Enter new mailing address, if applicable:		PF STA		
(Mailing address MAY BE A POST OFFICE BOX)		GA CO		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ds, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
washing and a second a second and a second a	· · · · · · · · · · · · · · · · · · ·	Florida		
	City	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

Title	1anaging Member <u>Name</u>	Address	Type of Action
<u>MGRM</u>	Thomas McClary	4700 Millenia Blud Suite ORLANDO, FL 32839	
			Add Remove
			Add Remove
			STATION REGIONS PAR AN ASSET OF
w			Add C
			Add Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	y.)
	Sept 20, 2 Donald to	010	
	Signature of a mer	nber or authorized representative of a member	
	DONALD FILE	YSON yped or printed name of signee	

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Filing Fee: \$25.00