

L10000080035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
14 AUG 23 04:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
14 AUG 18 04:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 27 2014

S. YOUNG

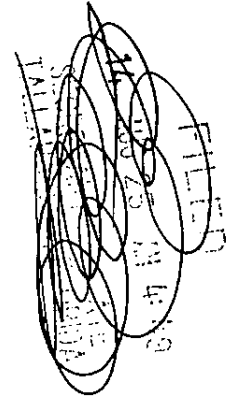


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2014

O. COLLINS  
100 W DAVIS BLVD  
TAMPA, FL 33606

SUBJECT: THE CONSIGILIERE MUZIC GROUP LLC  
Ref. Number: L10000080035



We have received your document for THE CONSIGILIERE MUZIC GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 714A00018169

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14 AUG 18 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Consigliere Muzic Group 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:

O. Collins

Name of Person

CMG, L.L.C.

Firm/Company

100 W. Davis Blvd.

Address

Tampa, FL 33606

City/State and Zip Code

Doncorelli@gmail.com

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

For further information concerning this matter, please call:

Mr. O. Collins

Name of Person

216 235-8738

at ( )  
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

FILED  
14 AUG 18 AM 4:49  
REGISTRATION SECTION  
TALLAHASSEE, FLORIDA

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

The Consigliere Muzic Group 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 July 30th, 2010 and assigned  
Florida document number L10000080035.

This amendment is submitted to amend the following:

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

CMG, L.L.C. - CMG of Tampa L.L.C. per Dwyer/James Colman 8/27  
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)

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

(Mailing address MAY BE A POST OFFICE BOX)

→ PO Box 172625  
Tampa FL  
33612

**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:

New Registered Office Address:

Enter Florida street address

City, Florida

14 AUG 2010  
FILED  
CLERK OF CIRCUIT COURT  
JANICE L. BROWN  
TAMPA, FL

**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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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OFFICE OF THE  
SECRETARY  
WASHINGTON, D.C.

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

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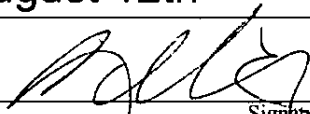
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 12th, 2014



Signature of a member or authorized representative of a member

O. Collins

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 AUG 18 11 42 AM  
STATE OF FLORIDA  
TALLAHASSEE