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SECRETARY OF STATE

J. BRYAN

JUL 18 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	W	earMusic		
	Name of Limi	ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:	د دنه	٠.
Petar Dimitrov Name of Person			HJUL 15 PH 1: 08 SECRETARY OF STATE PALLAHASSEE. FLORIO	
		Firm/Company	EFF R	う
	9	454 Boca River Circle	OR TO	
		Address	727	
Boca Raton, FL 33434 City/State and Zip Code				
	E-mail address: (od@wearmusic.com o be used for future annual report notifica	ion)	
For further information	concerning this matter, please c	all:		
	etar Dimitrov	at (561_)3 Area Code & Daytime T	021720	
Name	or reison	Alea Code & Daytille I	erephone (vanoe)	
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		STREET/COURIEI Registration Section	R 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

	WearMusic		
(Name of the Limited	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
(A	Piorida Elimied Elability Company)		
The Articles of Organization for this Limited Li	ability Company were filed on	12/23/2010	and assigned
Florida document number L10000130	941		n
Torrad document names	 ·		-m
This amendment is submitted to amend the follo	owing:		器。
A. If amending name, enter the new name of	f the limited liability company her	<u>re</u> :	SE 2
The new name must be distinguishable and end wit	h the words "Limited Liability Compa	any " the designation "I	LC" & the aboreviation
"L.L.C."	in the words Emmed Eldoning Compa	any, the designation i	50
			47
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
	.		
Enter new mailing address, if applicable:	.		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/o	or registered office address on	our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered of	fice address here:		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:			·
	En	ter Florida street ada	ress
		, Florida	
	City	, riorida	Zin 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> **Address Type of Action** MGR Timothy L Jones Jr. 2061 NW 2nd Ave., Suite 207 ✓ Add Remove Boca Raton, FL 33431 ∏Add Remove □Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 13 2011 Dated _____ Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00