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COVER LETTER

Registration Section Division of Corporations

MAILING ADDRESS:

Division of Corporations

Tallahassee, Fl. 32314

Registration Section

P.O. Box 6327

TO:

SUBJECT:	The Piano G	ays LLC	
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David M	ConKlin Name of Person	
		Name of Person	
	The Piano	Guys LLC Firm/Company	
		Firm/Company	
	8381 Wa	albert St	
		Address	
	Port Ch	City/State and Zip Code (lin 60 a) gmail. (o be used for future annual report notified)	3-3981
		City/State and Zip Code	
	amconk	(lin 60 a) gmail.	Com
			ication)
For further information c	oncerning this matter, please ca	il:	
David M	Conklin	at (94/) 830- Area Code Daytime	3578
Name o	f Person	Area Code Daytime	Telephone Number
ريل الالله Enclosed is a check for the			
	_	-	—
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	1475 246
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	726 Commerce Dr
(Principal office address MUST BE A STREET ADDRESS)	726 Commerce Dr Unit 106 Venice, FL 34292
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	ffice address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Gode
New Registered Agent's Signature, if changing Registered Agent:	27

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Title Name Address □ Add □ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

- - -

☐ Remove

_ Change

just needed to change address	
	
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ve date, if other than the date of filing:	(optional)
ective date is listed, the date must be specific and cannot be prior to date of filing or materials that inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 60 g requirements, this date will not be list
ent's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective t	ime, at 12:01 a.m. on the earli
90th day after the record is filed.	
Tuly 3 2017	
July 3, 2017	
Have 3/1(a	
	of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00