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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

9/9/14

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Acoustic Soul Management, 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:

**Scott R. Jablonski**

Name of Person

**SRJpl Law**

Firm/Company

**4100 N. Wickham Rd., Ste. 107A-221**

Address

**Melbourne, FL 32935**

City/State and Zip Code

**scott@srjpllaw.com**

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

For further information concerning this matter, please call:

**Scott Jablonski**

**305 781-2366**

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

Acoustic Soul Management, 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 10/12/2011 and assigned Florida document number 41000116561.

This amendment is submitted to amend the following:

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

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)**

4100 N. Wickham Rd.

Suite 107A-221

Melbourne, FL 32935

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

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

4100 N. Wickham Rd.

Suite 107A-221

Melbourne, FL 32935

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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:

SRJpl Law

New Registered Office Address:

4100 N. Wickham Rd., Ste. 107A-221

Enter Florida street address

Melbourne

Florida

32935

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 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**

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	<u>Scott Jablonski</u>	6303 Blue Lagoon Drive	<input type="checkbox"/> Add
		Suite 400	<input checked="" type="checkbox"/> Remove
		Miami, Florida 33126	
MGR	<u>Scott R. Jablonski</u>	4100 N. Wickham Rd.	<input checked="" type="checkbox"/> Add
		Suite 107A-221	<input type="checkbox"/> Remove
		Melbourne, Florida 32935	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

14 AUG 28 PM 12:40  
 OFFICE OF THE  
 CLERK OF THE  
 SUPREME COURT  
 TALLAHASSEE, FLORIDA

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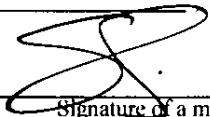
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 25 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Scott R. Jablonski

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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