

21000124463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

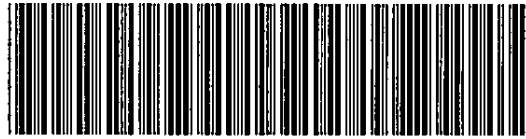
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TALLAHASSEE FLORIDA

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TALLAHASSEE FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: ROUNABOUT BANDS, 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:

 MICHAEL CABRERA

Name of Person

 ROUNABOUT BANDS, LLC

Firm/Company

 15290 SW 106TH LN APT 319

Address

 MIAMI FL 33196

City/State and Zip Code

 michael_miami621@hotmail.com

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

For further information concerning this matter, please call:

 MICHAEL CABRERA

Name of Person

 786

at () Area Code

 3624051

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE

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

ROUNABOUT BANDS, 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 11/01/2011 and assigned
Florida document number L11000124463.

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)

15290 SW 106TH LN APT 319

MIAMI FL 33196

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15290 SW 106TH LN APT 319

MIAMI FL 33196

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

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 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

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TALLAHASSEE FL 32399

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>
MGR	MANAGER	SANDRA LEVY	<input type="checkbox"/> Add
		7348 SW 82 ST C119	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33143	
MGR	MANAGER	JONATHAN CABRERA	<input type="checkbox"/> Add
		7348 SW 82 ST C119	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33143	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA
CLERK OF SUPERIOR COURT
JANET L. HARRIS

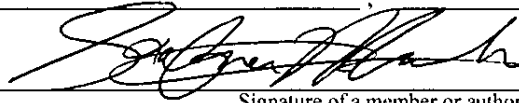
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 APRIL, 07 2015



Signature of a member or authorized representative of a member

MICHAEL CABRERA

Typed or printed name of signee

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Filing Fee: \$25.00

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