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COVER LETTER,

Registration Section
Division of Corporations TO:

SUBJECT:	TEK REHEAF	RSAL STUDIOS LLO	<u> </u>		
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Eric Knutson			
		Name of Person			
TEK Rehearsal Studios IIc					
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
2340 Anza Ave Address					
		Spring Hill, FI 34609			
City/State and Zip Code					
	lumpdaddy@hotmail.com				
	E-mail address: (to be used for future annual report	notification)		
For further information co	oncerning this matter, please c	all:			
Er	ic Knutson	at (727)	247-7087		
Name of Person		Area Code & Daytime Telephone Number			
~					
Enclosed is a check for the	e following amount:				
325.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified (of Status &	

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

The Articles of Organization for this Limited Liability Compar	ny were filed on	12/21/2011	and assig	ned
1.44000440700	ny were med on	12/2 1/2011	and assig	nea
Florida document numberL11000142789				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company hero	<u>e</u> :		
The new name must be distinguishable and end with the words "Li	mited Liability Compar	ny," the designation "L	LC" or the abl	reviation
"L.L.C."			≧ # ⋜	
Enter new principal offices address, if applicable:				1177
(Principal office address MUST BE A STREET ADDRESS)			N-6	Artistas
			<u>m</u> -<	
Enter new mailing address, if applicable:			112: 2 STA FLOR	<u>ب</u>
(Mailing address MAY BE A POST OFFICE BOX)	·····		O A	
B. If amending the registered agent and/or registered		ur records, <u>enter t</u>	he name of	the new
registered agent and/or the new registered office address h	ere:			
Name of New Registered Agent:				
New Registered Office Address:				
	Ent	er Florida street add	ress	
		, 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 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>	Name	Address	Type of Action
MGRM	Matthew Schultz	3817 Millenia Blvd Orlando, Fl 32839	Add Remove
			Add Remove
D. If amendin	g any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
			_
			_
Dated	January 3rd	20127	
<u>-</u>	· · · · · · · · · · · · · · · · · · ·	aber or authorized representative of a member	<u> </u>

Page 2 of 2

Filing Fee: \$25.00