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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

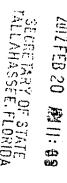




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T. CLINE FEB 2 1 2012 EXAMINER



anis matter to the following:

SANDAZ MUSIC LLC Firm/Company 7801 NW 37th ST STE LP-104					
Firm/Company					
7001 NIM 27th CT CTE D 104					
7001 NIM 27th CT CTC D 101					
Address					
Doral, FL 33166					
City/State and Zip Code					
salcedoreginaldo@yahoo.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Andres Hurtado at (305) 423-8932					
Name of Person Area Code & Daytime Telephone Number	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	t)				

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

	SANDAZ MUSIC LLC			
(Name of the	Limited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Li	mited Liability Company were filed on	02/17/2012	and as	signed
Florida document numberL120	000023203			
This amendment is submitted to amend	the following:			
A. If amending name, enter the new	name of the limited liability company he	e <u>re</u> :		
	SADAZ MUSIC LLC			
The new name must be distinguishable and "L.L.C."	l end with the words "Limited Liability Comp	pany," the designation "L	LC" or the	abbreviation
	.			
Enter new principal offices address, it	applicable:			
(Principal office address MUST BE A	STREET ADDRESS)		<u> </u>	<u>:</u>
		9	\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Enter new mailing address, if applica	ble:		*************************************) 1 ————————————————————————————————————
<u>(Mailing address MAY BE A POST OI</u>	FFICE BOX)		<u> </u>	
			_s= =	: 1.
			EH M	
R If amending the registered ager	nt and/or registered office address on	•	- E28	•
registered agent and/or the new regist		<u> </u>		
N				
Name of New Registered Ager	<u> </u>			
New Registered Office Addres				
	Ex	nter Florida street addr	ess	
		, Florida		
	City		Zip Code	е

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 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:

, , , V

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** □ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Remove \square Add Remove Add |Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) February, 17 Dated_ Zerinale ! fale.
Signature of a member of authorized representative of a member SALCEDO, REGINALDO J, MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00