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J. BRYAN
SEP 27 2012
EXAMINER

COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT:	The Unplug	gged Hymnal, LLC	
		ited Liability Company	
	f Amendment and fee(s) are su	-	
Please return all corresp	oondence concerning this matte	r to the following:	
		David F. Hanley, Esq.	
		Name of Person	
		David F. Hanley, P.A. Firm/Company	FILE U. 95
		3220 Overlook Road	
		Address	
Davie, Florida 33328 City/State and Zip Code			
	E-mail address:	avid@hanleyfirm.com (to be used for future annual report notifica	tion)
For further information	concerning this matter, please	call:	
	d F. Hanley, Esq.	ai (70-0717
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	LING ADDRESS: stration Section ion of Corporations	STREET/COURIE Registration Section Division of Corporati	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Unplugged H (Name of the Limited Liability Company a (A Florida Limited Liab	as it now appear:	s on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Company we	ere filed on	March 6, 2012	and assigned
Florida document numberL12000031952			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here	<u>e</u> :	
Live Hymnal,			
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compar	ny," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:			N F
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			1:05
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	y		zip couc

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

or Managing Member being added or removed from our records:				
MGR = Ma MGRM = 1	anager Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
-			Add Remove	
			Add Remove	
D. If amer	nding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary)	FILED PH 1: 05	
	September 11 2	2012	5	
	Signature of a memb	Million Der or authorized representative of a member		
	-	Milling, Managing Member		
		ed or printed name of signee		

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Filing Fee: \$25.00