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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **THIRSTY CANVAS MUSIC, 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:

**JASON P DZAMBA**

Name of Person

**C/O KRIS REGISTER**

Firm/Company

**2600 S DOUGLAS ROAD, SUITE 604**

Address

**CORAL GABLES, FL 33134-6100**

City/State and Zip Code

**rkris@registerco.com**

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

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For further information concerning this matter, please call:

**Kris Register**

Name of Person

at ( **305** ) **443-7200, Ext. 211**

Area Code & Daytime Telephone 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)

☐ \$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

THIRSTY CANVAS MUSIC, LLC

Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	CHARLES B TORRELLAS	1123 N 19TH AVENUE	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JULY 1, 2013

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**JASON P DZAMBA**  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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