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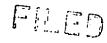
SECRETURY OF STATE TO A STATIONS TALLAHASSEE, PLICAHASSEE, PLICAHASSEE, FLORIDA

COVER LETTER

TO: Registration Se Division of Cor				
	Music, LLC			
SUBJECT:	Name of Lim	ited Liability Company	 -	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Franklyn Brett Wellman			
		Name of Person		
	Stone Cold Music, LLC			
		Firm/Company		
	4895 Heritage Park Blvd.			
		Address		
	Tallahassee, FL 32311			
		City/State and Zip Code		
	tallyblues@gmail.com			
	E-mail address: (to be used for future annual report no	tification)	
For further information c	concerning this matter, please c	all:		
Franklyn Brett Wellman		352 281-7934		
Name o	of Person	at () Area Code Daytit	me Telephone Number	
Enclosed is a check for the	he 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		Street Address: Registration S	ection	
Division of C		Division of Co	Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		- JUL -8 PA 5: 1
Stone Cold Music, LLC	nited Liability Company as it now anne	ars on our remids \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(<u>Name of the Lim</u>	(A Florida Limited Liability Company)	ars on our records XE LARY OF STATE TALLAHASSEE, FL
ne Articles of Organization for this Limited		
orida document number L13000008661	·	
nis amendment is submitted to amend the fol	llowing:	
. If amending name, enter the new name	of the limited liability company h	nere:
te new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli		
• •		
<u>Principal office address MUST BE A STRE</u>	<u>LI ADDRESS</u>	····
Aailing address MAY BE A POST OFFICE If amending the registered agent and/or tent and/or the new registered office addr	registered office address on our ress here:	records, enter the name of the new reg
If amending the registered agent and/or	registered office address on our ress here: Franklyn Brett Wellman	records, enter the name of the new reg
Aailing address MAY BE A POST OFFICE If amending the registered agent and/or tent and/or the new registered office addr	registered office address on our ress here: Franklyn Brett Wellman 4895 Heritage Park Blvd	
	Franklyn Brett Wellman 4895 Heritage Park Blvd Enter Fl	orida street address
Aailing address MAY BE A POST OFFICE If amending the registered agent and/or the new registered office address Name of New Registered Agent:	registered office address on our ress here: Franklyn Brett Wellman 4895 Heritage Park Blvd	

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
RA	John C. Balding	1567 Garden Park Ln	□Add
		Tallahassee, FL 32308	■Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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		-	□Remove
			□Change
			□Add
			□Remove
			□Change

	
	•
Effec	tive date, if other than the date of filing: (optional)
If an e	Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is t	iled.
	-1/2
Dated	<u> </u>
	Signature of a member or authorized representative of a member
	John Christopher Balding

Filing Fee: \$25.00