

L13000032209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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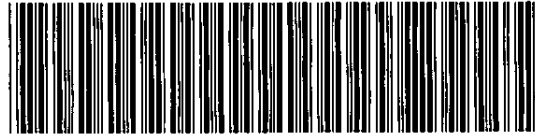
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

APR 21 2014

J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SKY BURG RECORDS 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:

**HERLENS SUFFRIN**

Name of Person

**SKY BURG RECORDS LLC**

Firm/Company

**11077 BISCAYNE BLVD SUITE 200**

Address

**MIAMI, FL 33161**

City/State and Zip Code

**THEREALSKYBURGRECORDS@GMAIL.COM**

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

For further information concerning this matter, please call:

**HERLENS SUFFRIN**

Name of Person

at ( **305** ) **384-8731**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FL  
CLERK OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SKY BURG RECORDS LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/04/2013 and assigned  
Florida document number L13000032209.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11077 BISCAYNE BLVD

SUITE 200

MIAMI, FL 33161

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11077 BISCAYNE BLVD

SUITE 200

MIAMI, FL 33161

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

HERLENS SUFFRIN

New Registered Office Address:

11077 BISCAYNE BLVD SUITE 200

*Enter Florida street address*

MIAMI

*City*

Florida 33161

*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.*

Herlens Suffrin

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HERLENS SUFFRIN	8720 NW 48TH STREET	<input type="checkbox"/> Add
		LAUDERHILL, FL 33351	<input checked="" type="checkbox"/> Remove
MGRM	HERLENS SUFFRIN	11077 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		MIAMI, FL 33161	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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ALL AMASSES FLORIDA

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

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Dated June 4<sup>th</sup>, 2013.

Herlens Suffrin

Signature of a member or authorized representative of a member

HERLENS SUFFRIN

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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