## L13000033514

Office Use Only



200249399182

07/03/13--01006--002 \*\*25.00

2013 JUL -3 AH II: OR

UUL 0 5 2013 D. BRUCE

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

Creature 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:

Robert Campbell

Name of Person

Creature Music IIc

Firm/Company

1019 Kane Concourse

Address

suite #202

City/State and Zip Code

Bay Harbor Islands, FI 33154

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

For further information concerning this matter, please call:

Robert Campbell

,,305 \**397806**5

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

\$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creature Music LLC				
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)			
The Articles of Organization for this Limited Liability Comp Florida document number <u>L13000033514</u> .	pany were filed on 03/05/2013	a:	nd assi	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
ROCAJ MUSIC LLC				
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Company," the designation "	LLC" o	or the a	bbreviation
Enter new principal offices address, if applicable:	*			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		7037	
		A 20	<u></u>	
Enter new mailing address, if applicable:		TARY O	င်္	
(Mailing address MAY BE A POST OFFICE BOX)		E S	Ī	9 1 5
maning unitess MAT BE A FOST OFFICE BOA		SA A A	<del></del>	Tears:
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the na	ame of	f the new
Name of New Registered Agent:				
New Registered Office Address:		, — — ,		
	Enter Florida street add	dress		
	, Florida			
<del></del>	City	Zip	Code (	
New Registered Agent's Signature, if changing Registered Agented	ent:			

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

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:

MGR = Ma MGRM = M	nager 1anaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
,			Add
			Remove
			Add
			Remove
			\$ 19
	<del>-1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		Addy
		<del></del>	Remove
			AH II: 06
			Add
			Remove
			Add
			Remove

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
ated	
	Elek Lad
	Signature of a member or authorized representative of a member
	Robert Campbell
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2919 JUL -3 AH II: 08