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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC - 4 2013

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALLY 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:

Anthony Gonzalez, Esq.

Name of Person

--

Firm/Company

12516 SW 94th Ter.

Address

Miami, FL 33186

City/State and Zip Code

lamesquire24@gmail.com

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

For further information concerning this matter, please call:

Anthony Gonzalez, Esq. at ( 786 ) 200-3052

Name of Person

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

ALLY Music, LLC

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TALLAHASSEE, FLORIDA  
"L" for the abbreviation

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         | Lorraine M. Gonzalez | 12516 SW 94th Ter. | <input checked="" type="checkbox"/> Add |
|              |                      | Miami, FL 33186    | <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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|              |                      |                    | <input type="checkbox"/> Remove         |

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

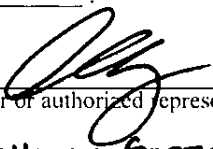
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Dated November 25, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Anthony Gonzalez  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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