13000089519

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SECRETARY OF STATE

DEC - 4 2013

T. HAMPTON

COVER LETTER

	tion Section of Corporations
SUBJECT:	ALLY Music, LLC
SUBSECT,	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fec(s) are submitted for filing.
Please return all c	prrespondence 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 inform	ation concerning this matter, please call:
Anthony	Gonzalez, Esq. (786) 200-3052
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:
\$25.00 Filing	Tee \$\square\$\square\$30.00 Filing Fee & \$\square\$\$\$\square\$\$\$\$\$\$Certificate of Status & \$\square\$\$\$\$ Certified Copy & Certifi

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

ALLY Mu			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears or Liability Company)	1 our records.)	
The Articles of Organization for this Limited Liability Company		6-21-13	and assigned
Florida document number L13000089519		_	-1 2
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	oility company here:	Ţ	FILED 2013 DEC -2 MI SECRETARY OF
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company,	the designation "	Lig or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE BOX)			
Muning undress MAT BE A POST OF FICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter 1	Florida street add	lress
		Flowid-	
	City	, Florida	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.

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 **Title** Name Address Type of Action 12516 SW 94th Ter. **MGRM** Lorraine M. Gonzalez Miami, FL 33186 Remove Remove Remove Remove

-		
November 25	2013	
Signat	ture of a member of authorized epresentative of a member	
Signa		

Page 3 of 3

Filing Fee: \$25.00

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