

#L13000098111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

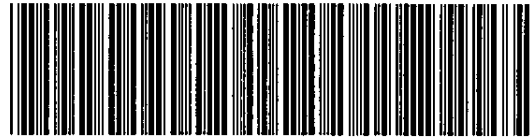
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200254390332

12/09/13--01015--012 \*\*35.00

FILED

2013 DEC -9 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER

JAN 15 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 12, 2013

ALEXANDER ZINN  
P.O. BOX 562954  
MIAMI, FL 33256

SUBJECT: DE-CLASSIFIED RECORDINGS LLC  
Ref. Number: L13000098111

We have received your document for DE-CLASSIFIED RECORDINGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 713A00028338

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: De-Classified Recordings 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:

Alexander Zinn  
Name of Person

Typ3 Records LLC  
Firm/Company

P.O. Box 562954  
Address

Miami, FL 33256  
City/State and Zip Code

info@typ3records.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Zinn at (305) 299-4560  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$50.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2013 DEC -9 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

De-Classified Recordings 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 July 10, 2013 and assigned  
Florida document number L1300009811

This amendment is submitted to amend the following:

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

Typ3 Records LLC

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)

9270 SW 136 St

Miami, FL

33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. box 562954

Miami, FL

33256

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

---

---

---

---

Dated January 7, 2014.



Signature of a member or authorized representative of a member

Alexander Zinn, managing member

Typed or printed name of signor

Page 3 of 3

Filing Fee: \$25.00