

L13 000152927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

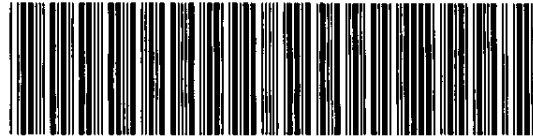
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **SONGBUTTON 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:

Mollee Marcus

Name of Person

Firm/Company

21976 PALM GRASS DRIVE

Address

BOCA RATON, FL 33428

City/State and Zip Code

mollee.marcus@att.net

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

For further information concerning this matter, please call:

Mollee Marcus

Name of Person

at **(561) 883-5243**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL 32301

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

SONGBUTTON 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 10/30/2013 and assigned
Florida document number L13000152927.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Mollee Marcus

New Registered Office Address:

21976 PALM GRASS DRIVE

Enter Florida street address

BOCA RATON

City

, Florida 33428

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 605, 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.

Mollee Marcus
If Changing Registered Agent, **Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mollee Marcus	21976 PALM GRASS DRIVE BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mollee Bauer	21976 PALM GRASS DRIVE BOCA RATON, FL 33428	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Laura SUSSELY-POPE	9940 Erma Road #95 San Diego CA 92131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Laura SUSSELY-POPE	11265 PASEO MONTANOSO #207 SAN DIEGO, CA 92127	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

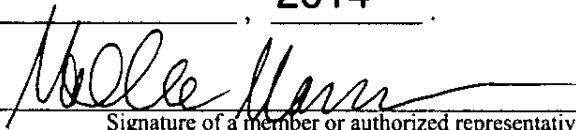
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OFFICE OF THE
CLERK OF THE
SUPERIOR COURT
SAN DIEGO, CALIF.

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 1, 2014



Signature of a member or authorized representative of a member

Mollee Marcus

Typed or printed name of signee

2014 AUG -5 PM 2:47
CLERK OF STATE
JULIA A. HARRIS