

L14 000022987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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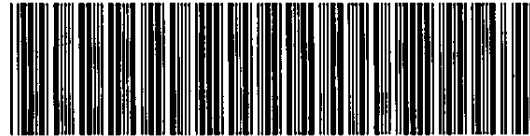
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

LANDSTAR MUSIC LIMITED LIABILITY COMPANY

SUBJECT: _____
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:

EDWIN GIRONA

Name of Person

LANDSTAR MUSIC LLC

Firm/Company

8120 PUFFIN DRIVE

Address

ORLANDO, FLORIDA 32825

City/State and Zip Code

GIRONAEDWIN@ICLOUD.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

EDWIN GIRONA

407

680-4579

at (_____) _____

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

**TO
ARTICLES OF ORGANIZATION
OF**

LANDSTAR MUSIC LIMITED LIABILITY COMPANY

(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 FEBRUARY 10, 2014 and assigned
Florida document number L14000022987.

This amendment is submitted to amend the following:

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

LANDSTAR MUSIC LIMITED LIABILITY COMPANY

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:

EVELYN GIRONA

New Registered Office Address:

8120 PUFFIN DRIVE

Enter Florida street address

ORLANDO

Florida

32825

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 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.

Evelyn Girona
If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

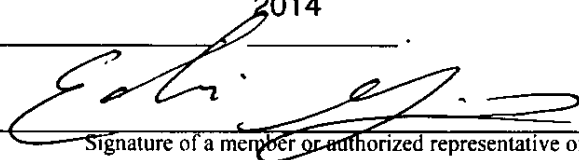
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOEL GONZALEZ	8120 PUFFIN DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 32825	<input checked="" type="checkbox"/> Remove
AP	MIGUEL A GIRONA JR	8120 PUFFIN DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 32825	<input checked="" type="checkbox"/> Remove
MGR	EVELYN GIRONA	8120 PUFFIN DRIVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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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 **MARCH 13** **2014**



Signature of a member or authorized representative of a member

EDWIN GIRONA

Typed or printed name of signee

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