

L14000092092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

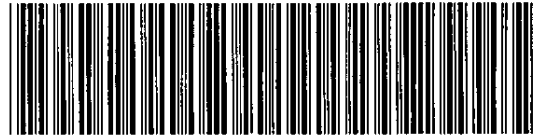
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100262359511

08/19/14--01021--001 **30.00

FILED
2014 AUG 14 PM 2:32
CLERK OF SUPERIOR COURT
MASSACHUSETTS

No \$



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2014

ROBERT GLASS
7449 CAMBIA LANE
NEW PORT RICHEY, FL 34655

SUBJECT: BOBBY G PRODUCTIONS AND RECORDING STUDIO "LLC"
Ref. Number: L14000092092

We have received your document for BOBBY G PRODUCTIONS AND RECORDING STUDIO "LLC", however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 614A00017137

FILED
2014 AUG 14 PM 2:32
TALLAHASSEE FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bobby G productions and Recording studio L.L.C.
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:

Robert Glass
Name of Person

Bobby G productions and Recording studio L.L.C.
Firm/Company

7449 Cambria lane
Address

new port Richey FL 34655
City/State and Zip Code

DJBG2003@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Glass at (727) 514-1910
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

FILED
2014 AUG 4 PM 2:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Bobby G Productions and Recording Studio L.L.C.

(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 6/9/2014 and assigned
Florida document number L14000092092.

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:

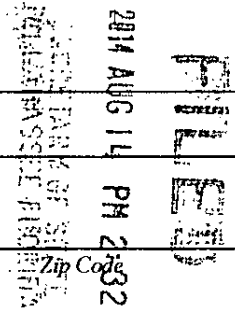
Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City



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.

If Changing Registered Agent, Signature of New Registered Agent

in 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>
<u>CFO</u>	<u>Mike Stover</u>	<u>5919 Troublecreek Rd.</u>	<input type="checkbox"/> Add
		<u>New port Richey</u>	<input checked="" type="checkbox"/> Remove
		<u>Fl. 34652</u>	
<u>MGR</u>	<u>Robert M. Glass</u>	<u>5919 Troublecreek Rd.</u>	<input checked="" type="checkbox"/> Add
		<u>New port Richey</u>	<input type="checkbox"/> Remove
		<u>Fl. 34652</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

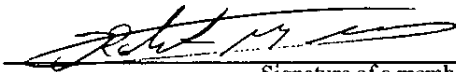
2014 AUG 14 PM 2:32
STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

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 _____, _____.



Signature of a member or authorized representative of a member

Robert M. Glass

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 AUG 14 PM 2:33
THE FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FL 32399