L15000090418

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300275167463

.07/22/15--01020--013 **25.00

2015 JUL 22 AM IQ 24
SEGRETARY OF STATE
SALLAHASSEE, FLORIDA

MIO 24

JUL 2 4 2015 Y SULKER

COVER LETTER

TO:	भूRegistration S Division of Co			ñ	> .
cupi	-	BIRD AUDIO LLC			
SUBJ	вст:	Name of Lim	ited Liability Company		-
		of Amendment and fee(s) are sub condence concerning this matter			
		ANDREW PALEIAS			
			Name of Person		_
		BLACKBIRD AUDIO LL	.c		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	_
		120 E. OAKLAND PARK	BLVD. STE 107		
			Address		_
		FORT LAUDERDALE, F	L 33334		
			City/State and Zip Code		
		PARKLANEMEL@AOL.	COM to be used for future annual report notif	ication)	_
For fu	rther information	concerning this matter, please c	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MEL	BISHOP		954 821-8581 at (
Name of Person			Area Code Daytime	Telephone Num	ber
Enclo	sed is a check for	the following amount:			
\$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif	Filing Fee, icate of Status & ied Copy onal 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

BLACKBIRD AUDIO LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our record rida Limited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Florida document number L15000090418	y Company were filed on	and assigned
This amendment is submitted to amend the following	•	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2015 JUL 22 I
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our recorded ddress here:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	ndment is submitted to amend the following: mending name, enter the new name of the limited liability company here: menust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." we principal offices address, if applicable: and office address MUST BE A STREET ADDRESS) we mailing address, if applicable: address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent:	
	, Fl	orida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ROBERT A OWEN	120 E. OAKLAND PARK BLVD !	
		FT. LAUDERDALE FL 33334	■ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Chapge Add
			220ve 24 SSEE FLORIUA
			□ Add
			Remove
			□ Change
			Add
			□ Remove
			☐ Change

_						
					5	•
	········					
					ASS C	၁
					四次 1	T.
	•				10.0	5
			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			2
Effective date, if other th	an the date of	05/21/201	5	(opti	onal)	
(If an effective date is listed, the Note: If the date inserted in	date must be specif	ic and cannot be price	or to date of filing or	more than 90 days after	filing.) Pursuant to 605.	0207 (3)
document's effective date o	n the Departmen	t of State's record	s.	ing requirements, this	s date will not be fiste	u as tile
the record specifies a d The 90th day after t			ot an effective	time, at 12:01 a	a.m. on the earlie	er of:
Dated JULY 13		2015				
		,				
1//			_			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00