000096663

| (Requ | estor's Name |) |
|----------------------------|----------------|--------------|
| (Addr | ess) | <u> </u> |
| (Addr | ess) | |
| (City/s | State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | ime) |
| (Docu | ıment Numbe | r) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration So Division of Cor | | | |
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| ~ | vilv <i>or</i> | DUNEDIN | RECORDS, LLC | |
| SUI | BJECT: | Name of Lim | ited Liability Company | |
| The | enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Plea | se return all correspo | ondence concerning this matter | to the following: | |
| | | | Anthony G. Bossone | |
| | | | Name of Person | |
| | | | Anthony G. Bossone, P.A. | |
| | | | Firm/Company | |
| | | | PO Box 2194 | |
| | | - | Address | |
| | | p | alın Harbor, Florida 34682-2194 | |
| | | | City/State and Zip Code | |
| | | | Frank@DunedinRecords.com to be used for future annual report notifi | aution) |
| For | further information c | oncerning this matter, please co | • | cation) |
| Anthony G. Bossone 727 | | 727 789-9004 at () | | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enc | losed is a check for the | he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | RECORDS, LLC | |
|--|---|-----------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | pany as it now appears on our records.) I Liability Company) | |
| The Articles of Organization for this Limited Liability Compan Florida document number 115000096663 | and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | bility 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) | | 15 SE |
| | | A OX |
| | | 29 29 |
| Enter new mailing address, if applicable: | | A RPC |
| Mailing address MAY BE A POST OFFICE BON | | <u> </u> |
| | | 16 20 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address: | | er the name of the ne |
| | , 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 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> | Address | Type of Action |
|--------------|------------------|---------------------------------------|----------------|
| AMBR | Susan E. Stanger | 95 Suncrest Drive | = Add |
| | | Safety Harbor, FL 34695 | ☐ Remove |
| | | | □ Change |
| | | | Add |
| | | | Remove |
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| Effective da | ate, if other than the da | te of filing: | | (optiona | ıl) | |
| Note: If the | date is listed, the date must be date inserted in this block effective date on the Depa | does not meet the app | licable statutory fili | more than 90 days after fili ng requirements, this da | ng.) Pursuant to 605 te will not be liste | .0207 ed as |
| he record | specifies a delayed e | ffective date thut i | not an effective | time at 12:01 a.m | on the earlie | ar of |
| | n day after the record | | THE WITH CHICKING | thing at 12.01 a.m | on the corne | _, 01 |
| Dated | May 22 | . 2018 | <i>.</i> | | | |
| | | | | re of a member | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00