# 4500137824

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
LOS NO	s 35.	)

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLOORY

OCT 22 2015 S. YOUNG



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2015

MARCO REIS USA TAX CORP 591 E SAMPLE ROAD POMPANO BEACH, FL 33064

SUBJECT: RIO MUSIC PUBLISHING, LLC

Ref. Number: L15000137824



We have received your document for RIO MUSIC PUBLISHING, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for RIO MUSIC PUBLISHING, 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.

Shelia H Young Regulatory Specialist II

Letter Number: 015A00021247

### **COVER LETTER**

Division of Con	rporations			
RIO MUSI SUBJECT:	IC PUBLISHING, LLC			
SUBJECT,	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARCO REIS			TALLAN TO THE
		Name of Person		一题 72 户
	USATAX CORP			FILEU  OT 23 PM 5: 22:  ETARY OF STATE AHASSEE, HLORIDA
	<u> </u>	Firm/Company		- ESTA
	591 E. SAMPLE RD			ZZ ZIEA
		Address		_
	POMPANO BEACH, FL	33064		
		City/State and Zip Code		<del>-</del>
	E-mail address: (	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
MARCO REIS		954 788-1818 at ( )		
Name o	of Person		Telephone Numbe	т
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &

MAILING ADDRESS:

TO:

**Registration Section** 

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>08/12/2015</u>	and assigned
Florida document number L15000137824		
This amendment is submitted to amend the following:		SECRITALLY P
A. If amending name, enter the new name of the limited liab	ility company here:	第33世
i. If amending name, enter the new name of the minicu hab	mity company nere.	23 P
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	f - ,
Enter new principal offices address, if applicable:	1700 BANKS ROAD SUITE 50M	5: 22 1A11
Principal office address MUST BE A STREET ADDRESS)	MARGATE, FL 33063	
Enter new mailing address, if applicable:	1700 BAN KS ROAD SUITE 50M	1
Mailing address MAY BE A POST OFFICE BOX)	MARGATE, FL 33063	
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	· •	nter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del>,</del>	, Floric	
	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
MGRM	P. RAMOS, CARLOS EDUARDO	1700 BANKS ROAD SUITE 50M	<b>_</b> Add
		MARGATE, FL 33063	□ Remove
			Change
			Add
			Remove  SECRETA
			ARY OF STATE ASSEE, FLORIDA
			☐ Change
			□ Add
		<del>* ****</del>	Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change

ifective date, if other than the date of filing:  Ifective date, if other than the date of filing:  Ifective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after force; if the date inserted in this block does not meet the applicable statutory filing requirements, this secument's effective date on the Department of State's records.  If the specifies a delayed effective date, but not an effective time, at 12:01 a. The 90th day after the record is filed.	
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The 90th day after the record is filed.	date will not be nated
	.m. on the earlier
ated OCTOBER 1ST 2015	
The state of the s	
Signature of a member or authorized representative of a member	

Typed or printed name of signee