L1000051499

(R	requestor's Name)
(A	ddress)
(A	ddress)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



200283920312

03/30/16--01009--019 **25.00

TILEU 2016 MAR 31 P 2: 17 POPELASK OF STATE

APR 0 1 2016

3 MASON



March 31, 2016

NATHANIEL GATES 2309 34TH STREET W BRADENTON, FL 34205-2907

SUBJECT: RED EYE RECORDS LLC

Ref. Number: L16000051499

We have received your document for RED EYE RECORDS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 316A00006641

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	Red Eye Name of Lin	Records LLC	·
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Na	Maniel Gates J	<u>r. </u>
	Red	Eye Records LLC Finn/Company	
		9 34th St. W.	· (
	·	Address Nation Ft. 3430 City/State and Zip Code)5
	redeveree E-mail address: (City/State and Zlp Code O'AL A (a) GMAIL. COM to be used for fullife annual report noti	(fication)
For further information co	oncerning this matter, please c	all:	
Nathunici Name of	Hates Jv.	at (941) 587 Area Code Daytime	- 1978 e Telephone Number
Enclosed is a check for th	e 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

	O	-		. (22)	
(Name of the Limite)	EVE RCC d Mability Compa A Florida Linuted I	ords LLC ny as it now appears or Liability Company)	, 1 our records.)	13384 18 18 18 18 18 18 18 18 18 18 18 18 18	FIRE COMME
The Articles of Organization for this Limited Lia	bility Company	were filed on		$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ and as	signed
Florida document number				2: I	
This amendment is submitted to amend the follow	wing:	•), <u> </u>	
A. If amending name, enter the new name of	the limited liab	llity company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the desig	nation "LLC" or th	e abbreviation "L	.L.C."
Enter new principal offices address, if applical	ble:	2309	3412 St. L	<u>). </u>	,
(Principal office address MUST BE A STREET	'ADDRESS)	Brade	chton, Fl.	34205	····
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>				··········
B. If amending the registered agent and/or registered agent and/or the new registered offi Name of New Registered Agent: New Registered Office Address:			es Jr.	er the name	of the new
	Bra	denton	, Florida	34205	·
N		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 Title Name **Address** Type of Action Norhaniel Anakes Ir MAR □ Add □ Remove □ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove 2015 _ Add [Remove ☐ Change

		·				
	· · · · · · · · · · · · · · · · · · ·		·························		<u> </u>	
						•
			f			
						
			r			
· · · · · · · · · · · · · · · · · · ·			**************************************			
	, 					
 			<u></u>			
if the date inserte ment's effective da	the date must be speed in this block does to on the Department of the delayed effect	es not meet the append of State's recon	rior to date of filing or plicable statutory fil	ing requirements	after filing.) I s, this date w	ill not be listed
	ii une record is	mea.				•
e 90th day afte $\int_{-\infty}^{\infty}$			<u>046</u>		2016	Company of the Compan
e 90th day afte $\int_{-\infty}^{\infty}$	Signatu	are of a member or an	U/W uthouszed representativ	c of a member	2016 HAN	C. SCHOOL STATE OF THE SCH
d <u>Apri</u>	Signatu Na Ho	wel Gra	uthorized representativ	ve of a member	ARY O	

Filing Fee: \$25.00