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COVER LETTER

TO:	Registration Se Division of Cor	ection porations		
SUBJE	AV RECO	RD LLC		•
SCHUE		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
Please r	eiurn an correspo	indence concerning this matter	to the following:	
		JOSEFINA SANTOS		
			Name of Person	, , , , , , , , , , , , , , , , , , ,
		ACCOUNTAX OFFICE S	SERVICES	
			Firm/Company	
		7590 NW 186TH STREET	Γ STE. 206A	
			Address	
		MIAMI, FL 33015		
		A CCOLINTA VEORME (AL	City/State and Zip Code	
		ACCOUNTAXFORMS@F E-mail address: (to be used for future annual report notific	eation)
For furt		oncerning this matter, please ca	all:	
JOSEFI	: NA SANTOS		305 698-7829 at ()	join 1 deres
	Name o	f Person		Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25	.00 Filing Fee	☐ S30.00 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:

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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

AV RECORD LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L16000127139		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
AV RECORDS, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ter the name of the new
Name of New Registered Agent:		7-1 COD
New Registered Office Address:	E. Clark, and the	The state of the s
	Enter Florida street address , Florida	
·	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	zent:	

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Add
		M	Remove
			☐ Change
			☐ Remove
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			Change
			Add
			□ Remove
			Change Change
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			□ Change
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ective date, if other than the n effective date is listed, the date muster. If the date inserted in this bl	date of filing: It be specific and cannot be prior to date ook does not meet the applicable sta	(opti of filing or more than 90 days afte atutory filing requirements, thi	i onal) r filing.) Pursuant to 605.020 is date will not be listed a
cument's effective date on the D		,	
record specifies a delayed The 90th day after the rec	d effective date, but not an e ord is filed.	ffective time, at 12:01	a.m. on the earlier o
JULY 19	2016	ı	
	Olya day 1	(icin)	
	Signature of a member or authorized re		

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Filing Fee: \$25.00