

L16000184793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

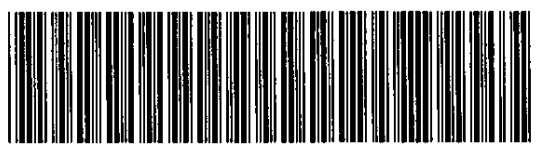
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
2017 FEB -7 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 MAR -2 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAR 6 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2017

GREG GALLOWAY
800 N ORANGE AVE SUITE 210
ORLANDO, FL 32801

SUBJECT: CCM MUSIC, LLC
Ref. Number: L16000184793

RECEIVED
2017 MAR -2 AM 8:31
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CCM MUSIC, 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):

PAGE 2 OF 3 MISSING.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 817A00002750

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17 MAR -2 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCM MUSIC, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Galloway
Name of Person
GREGGALLOWAY.COM, P.A.
Firm/Company
800 N. Orange Ave. Suite 210
Address
Orlando, FL 32801
City/State and Zip Code
greg@greggalloway.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Galloway at 407 492-2153
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)
- previously sent* →

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

FILED
17 MAR - 2 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CCM MUSIC, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/04/2016 and assigned Florida document number L16000184793

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CC MUSIC, LLC

The new name must be distinguishable and contain the words "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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

Zip Code

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TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 17 MAR 2014
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 PAGE 2 OF 46
 Add
 Remove
 Change
 Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

FILED
17 MAR 12 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 2/3 2017

Signature of a member or authorized representative of a member

Greg Calloway
Typed or printed name of signee