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| (Requestor's Name) | |
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| PICK-UP WAIT MAI | L |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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EXAMINER



September 13, 2018

DARLENE CARRILLO D & M BUSINESS SERVICE 2393 S CONGRESS AVE, SUITE 205 WEST PALM BEACH, FL 33406

SUBJECT: OSSIA MUSIC INTERNATIONAL LLC

Ref. Number: L17000035619

We have received your document for OSSIA MUSIC INTERNATIONAL 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):

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline Regulatory Specialist III

Letter Number: 818A00019101

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ATTIVED DISSTRESS ANTHA

COVER LETTER

TO:

| ΓΟ: Registration Se Division of Cor | | | | | |
|--|---|--|--|----------------|----------|
| | USIC INTERNATIONAL LLC | | | | |
| SUBJECT: | Name of Limit | ted Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | | | |
| Please return all correspo | ondence concerning this matter t | to the following: | | | |
| | DARLENE CARRILLO | | | | |
| | | Name of Person | | | |
| | D & M BUSINESS SERV | ICE | | | |
| | | Firm/Company | | | |
| | 2393 S OCNGRESS AVE | SUITE 205 | | | |
| | | Address | | | <u> </u> |
| | WEST PALM BEACH, FL | . 33406 | | فه | 233 |
| | - | City/State and Zip Code | | Ð | 28 |
| | E-mail address: () | to be used for future annual report notif | ication) . | 45 | T) |
| For further information | concerning this matter, please ca | all: | 7 å | | 2: 14 |
| DARLENE CARRILLO | O/ VICTORIA GIRALDO | 561 969-2466 | | | - |
| 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 Certificate of Certified Copy (additional copy | f Statu: oy | |
| Regis Divis P.O. I | LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314 | STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce | n ations | | |

Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OSSIA MUSIC INTERNATIONAL LLC | | |
|---|--|--------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appears on our record nited Liability Company) | 18.) |
| The Articles of Organization for this Limited Liability Com Torida document number 1.17000035619 | pany were filed on 02/17/2017 | and assigned |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| DA CAPO DISTRIBUTING, LLC | _ | |
| he 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: | NA · | |
| <u>Principal office address MUST BE A STREET ADDRES</u> | <u></u> | |
| | | |
| Enter new mailing address, if applicable: | NA | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | - TO |
| | | , , co |
| 3. If amending the registered agent and/or registered | ed office address on our record | s, enter the name of the |
| egistered agent and/or the new registered office address | <u>s nere</u> : | ·* » 55 |
| | | * |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addre: | 335 |
| | ro | I a ant all a |
| · <u></u> | r: | lorida 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 |
|--------------|-------------|---------|-------------------------|
| | NA | NA | - |
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| Signature of a member or authorized representative of a member | | — |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00