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SECRETARY OF STATE TALLAHASSEE, FLORIDA

S. WARREN
'JUN 0 2 2017

COVER LETTER

	gistration Se vision of Cor					
arin room	Radio Gun	k LLC				
SUBJECT:		Name of Lim	nited Liability Company			
	•					
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		Monique Palladino				
			Name of Person			
			Firm/Company			
		310 W52 St #30A	,			
		Address				
		New York, NY 10019				
		radiogunk@gmail.com	City/State and Zip Code	<u>.</u>		
		E-mail address: (to be used for future annual report notifi	cation)		
For further i	nformation c	oncerning this matter, please co	all:			
Monique Pa	ılladino	e transfer of the second	917 551-0091			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
\$25.00 1	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

Radio Gunk LLC		
(Name of the Limited L (A F	iability Company as it now appears on ou Torida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabil Florida document number L17000108905		7 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our	records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
_	3°4'	, Florida
	City	Др Code
New Registered Agent's Signature, if changing Regis	stered Agent:	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registered being filed to merely reflect a change in the registery company has been notified in writing of this change.	gent and agree to act in this capaci nd complete performance of my du ed agent as provided for in Chapte stered office address, I hereby con	ties, and I am familiar with and r 605, F.S. Or, if this document is

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Javier Quintanilla	6599 Caminito Catalan	□ Add
		La Jolla, CA 92037	■ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change
			Add
			Remove FILED FILED Remove Remove FILED Remove Remove Remove
_			Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)
•	
Effective date, if other than the date of filing: (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 file. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ling.) Pursuant to 605.0207 (3)
the record specifies a delayed effective date, but not an effective time, at 12:01 a.r The 90th day after the record is filed.	n. on the earlier of:
Dated 5 26 17	IZ MI SECON
Signature of a member or authorized representative of a member Monique Palladino	FILE MY 30 LIARY (
Typed or printed name of signee	PH 12: 0F \$1.4 E.FLOR
Page 3 of 3	ATE RIDA

Filing Fee: \$25.00