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(R	requestor's Name)
(A	ddress)
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(0	City/State/Zip/Phone #)
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(C	Document Number)
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COVER LETTER

TO: Registration Section **Division of Corporations**

RDA 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:

Davey T. Jay, Esq.

Meehle & Jay P.A.

115 Maitland Avenue

Altamonte Springs

City/State and Zip Code

candy@meehle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Davey Jay

at (407) 792-0790

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)

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

RDA Music LLC					
(<u>Name of the Limited</u> (/	Liability Compa Visionida Limited I	ny as it new appears Liability Company)	on our records.)	 	
The Articles of Organization for this Limited L		were filed on 5/30	0/2017	and assigned	
Florida document number L1700011844	<u>1</u>				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here	:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Compan	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		3275 S. John Young Parkway			
(Principal office address MUST BE A STREET ADDRESS)		Suite 562			
		Kissimmee, I	FL 34746		
				17	
Enter new mailing address, if applicable:				· • • • • • • • • • • • • • • • • • • •	
(Mailing address MAY BE A POST OFFICE BOX)				[Fu	
				-1	
				1	
B. If amending the registered agent and			ir records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered o	ffice address her	<u>'e</u> :	:	. 9	
Name of New Registered Agent:	Davey T.	Jay			
New Registered Office Address:	115 Maitla	and Avenue			
regimered Omes riduess.		Ente	r Florida street addi	ress	
	Altamonte Springs		Florida 32701		
		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member						
<u>Title</u>	Name	Address	Type of Action			
			Add			
			Remove			
			Remove			
			Add			
			Remove			
			Remove			
			. 49			
			Remove			
	 		Add			
			Remove			

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October 6	. 2017	
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Filing Fee: \$25.00

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