

L17 000 120325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

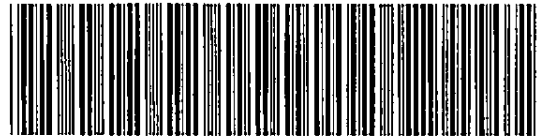
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 SEP 13 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 15 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ORLANDO MUSIC ENTERTAINMENT 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:

Un Tung Teng

Name of Person

Momentum Tax Accounting Consulting LLC

Firm/Company

6996 Piazza Grande Ave Ste 202

Address

Orlando FL32835

City/State and Zip Code

ra@momentumtac.com

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

For further information concerning this matter, please call:

Un Tung Teng

407

4403379

at ()

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

FILED
17 SEP 13 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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>
MGR	Vanessa C Rodrigues	5521 New Independence Pkway	<input type="checkbox"/> Add
		Winter Garden, FL34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rafael R Alves	5521 New Independence Pkway	<input type="checkbox"/> Add
		Winter Garden, FL34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 SEP 13 PM 3:00
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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

[illegible]

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.

(b) The 90th day after the record is filed.

Dated September 1st, 2017

Signature of a member or authorized representative

Rafael R Alves

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
17 SEP 13 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA