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(Requestor's Name)				
(Address)				
·				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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2017 JUL 24 AH 10: 06

J. HARRIE

COVER LETTER

TO: Registration Sect Division of Corp			
SUBJECT:	Puthless R	ecords LLC ted Liability Company	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Danie	Name of Person	haus
	- 4	Name of Person	
	AHoini	ey at Law	
		r it in the company	110 1
	447 Th,	Address N.	7706
		Ciry/State and 7th Code	
	·	City/State and Zip Code	
	E muit addenne (t	o be used for future annual report notific	otion
			ation)
	icerning this matter, please ca		
Daniel Name of t	J. Karter.	Avv at (727) 723 - Area Code Daytime T	- 4942 Telephone Number
	. ••••	1	
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 radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		1	

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 OT ARTICLES OF ORGANIZATION

ARTCEESOFOR	OAL TENTION
OF.	;
Ruthlass Rea	ords, LLC
(<u>Name of the Limited Liability Company s</u> (A Florida Limited Liab	as it now appears on our records.)
he Articles of Organization for this Limited Liability Company we	re filed on $O(37/20)7$ and assigned
lorida document number <u>L 17000 139540</u>	,
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability	company here:
Ruthless Records EasT	
he new name must be distinguishable and contain the words "Limited Liability (
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	53: 22
_	2 17
	0.00
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	2.
-	
3. If amending the registered agent and/or registered office	e address on our records, enter the name of the ne
egistered 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
Sew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree	to act in this capacity. I further agree to comply with th
provisions of all statutes relative to the proper and complete pe	· · · · · · · · · · · · · · · · · · ·
accept the obligations of my position as registered agent as pro	
peing filed to merely reflect a change in the registered office ad	dress. I hereby confirm that the limited liability
company has been notified in writing of this change.	

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		
		1			
			□ Remove		
		i			
			Change		
			□ Remove		
			☐ Change		
			Add		
			□ Remove		
			Change		
			Remove		
			Romove T		
			☐ Remove		
			☐ Change		

Filing Fee: \$25.00