## 119000105591

(Requestor's Name)
(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:

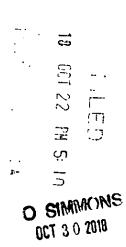
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## **COVER LETTER**

	Registration S Division of Co				
erm rez		DYECTO LLC			
SUBJEC	.I:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		ĐAVIÐ ÐA SILVA			
		<del>-</del>	Name of Person	<u> </u>	
		JDK ENTERTAINMENT			
		<del></del>	Firm/Company		
	Firm/Company 8150 NW 53RD ST APT 313				
			Address	<del></del>	
		DORAL, FL 33166			
		ADASILVA@JDKNETWO	City/State and Zip Code DRK.COM		
		E-mail address: (	to be used for future annual report notific	cation)	
For furth	er information c	concerning this matter, please ea	all:		
DAVID	DA SILVA		786 5549578 at ( )		
	Name c	of Person		Telephone Number	
Enclosed	is a check for t	he following amount:			
<b>■ \$</b> 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:

TO:

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

Liability Company as it now appears on our records. Florida Limited Liability Company)	)
ility Company were filed on 04/26/2018	and assigned
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ing:	
e limited liability company here:	
s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
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ADDRESS)	
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registered office address on our records, e address here:	enter the name of the
	<del></del>
P - Pl - 1	
Enter Florida street address	
	ida Zin Code
	registered office address on our records, e address here:  Enter Florida street address

## 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RECORDING HOUSE STUDIOS LLC	LAUREL RIDGE CIRCLE WESTON, FL 33331	
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ective date, if other	than the date o		1/2018		(optional	}
effective date is listed, e: If the date inserte ument's effective dat	the date must be spe d in this block do	ecific and cannot es not meet the	applicable stat	filing or more than atory filing requir	90 days after filin	g.) Pursuant to 605,020
record specifies a he 90th day afte	a delayed effe r the record is	ctive date, b s filed.	ut not an ef	fective time, a	t 12:01 a.m.	on the earlier o
OCTOBER 15		2018				
		7	<del>-,</del> .			

Page 3 of 3

Filing Fee: \$25.00