

LIB000157495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SEP 24 2018

U.S. DISTRICT COURT

09/18/18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2018

MR MAMOON MAKTARI  
#21202-515 COLISEUM ST  
ORLANDO, FL 32828

SUBJECT: MAK MUSIC LLC  
Ref. Number: L18000157495

We have received your document for MAK MUSIC LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 918A00020089

FILED

2018 OCT -5 2:22 PM

2018 OCT -5 AM 10:27

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAK MUSIC  
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:

M. MAKTARI  
Name of Person  
MAK MUSIC LLC  
Firm/Company  
#21202 - 515 COLISEUM ST.  
Address  
ORLANDO, FL - 32828  
City/State and Zip Code  
MOE@theMAKMUSIC.COM  
E-mail address: (to be used for future annual report notification)

FILED  
MAR 30 - 5 P 2:30

For further information concerning this matter, please call:

M. MAKTARI at (786) 691 8809  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FEE HAS BEEN PAID.  
MAR.

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**MAK MUSIC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/02/2018 and assigned Florida document number L-18000 157 495

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

MAK MUSIC

5840 RED BUG LAKE ROAD  
WINTER SPRINGS, FL - 32708

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

5840 RED BUG LAKE ROAD  
WINTER SPRINGS, FL - 32708

If amending the registered agent and/or registered office address on our records, enter the name of the new registered 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

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager

MBR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED

2023 OCT -5 PM 2:30

11 FEB 1965

**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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

- a) The 90th day after the record is filed.

Dated OCTOBER 3RD, 2018

Signature of a member or authorized representative of a member

M. MAJCTARI

Typed or printed name of signee

FEE HAS BEEN SENT PREVIOUSLY