

Division of Corporations Electronic Filing Cover Sheet

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:				
	Division of Com	vision of Corporations		
	Fax Number	: (850)617-6383	2018	
From;			DEC	- T-
	Account Name	: GRAYROBINSON, P.A ORLANDO	Ser O	. ,
	Account Number		<i>ଦୁଲ</i> N	· · · · · ·
	Phone	: (407)843-8980	$\mathbb{R}^{\sim}_{\mathbb{C}}$	f
	Fax Number	: (407)244-5690	<u> </u>	T
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**Enter the email a	ddress for this	business entity to be used for	Entern O	0
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Email Address	carlos.souffront@gn	y-robinson.com		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

NIAN MUSIC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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No. 2073003P. 214 3

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	_{cr:} Nian Music,	LLC		

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos A. Souffront
Name of Person
GrayRobinson, PA
Firm/Company
333 S.E. 2nd Avenue, Suite 3200
Address
Miami, FL 33131
City/State and Zip Code
carlos.souffront@gray-robinson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos A. Souffront

Name of Person

Ares Code

416.6880

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

🔳 \$25 Filing Fee

S30 Filing Fee & Certificate of Status

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Certificate of Status & Certified Copy

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No. 2073003P. 314 3

		STATEMEN FLORIDA OR FOREIGN	T OF CORRECTION FOR LIMITED LIABILITY	COMPANY		
		ction 605.0209, F.S., this document is being ame of the limited liability company is: Nic		usly filed document		
<u>SECOND;</u> The Florida Document num <u>THIRD</u> : Document to be corrected is		The Florida Document number of the lim Document to be corrected is: Articles	ited liability company is: L1	800028857	1	
		CHECK THE APPROPRIATE BOX AN	D COMPLETE THE APPI	LICABLE STATE	MENT	
×	state: The	tins an incorrect statement. The incorrect statement are as follows: The Was a clerical error in type and in the provided the statement of the				
	<u>na</u>	ne is Nain Music, LLC		· · -		
	<u>OR</u>				2011	
	Was (as fol	lefectively signed. The manner in which the lows:	document was defectively si	gned and the approp		n arc
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	<u>OR</u>			5	95 - 39	
	The c	lectronic transmission of the record was defe		12/20/18		
		Signature of Authorized Representative		Date		
-		ew registered agent, if applicable :(NOTE: i designation).	f correcting the registered ag	cat, the new register	red agent must :	sign

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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.

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00 \$30.00 (optional)

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