L19000083466

| (F | Requestor's Name) | | | | | |
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| (E | Business Entity Name) | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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O SIMMONS



April 17, 2019

NAZEERA DUPOUX 3627 DAVIE BLVD FT LAUDERDALE, FL 33312

SUBJECT: AVALANCHE MUSIC GROUP LLC

Ref. Number: L19000083466

We have received your document for AVALANCHE MUSIC GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 119A00007838

Octavia L Simmons Regulatory Specialist III

COVER LETTER

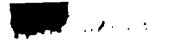
TO:

Registration Section
Division of Corporations

AVALANCHE MUSIC GROUP LLC

| SUBJECT: MYALANOTIL IVIOOTO OTOOT LLO | | | | | | |
|--|------------------------------|-------------------------------|--|---|--|--|
| Name of Limited Liability Company | | | | | | |
| | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Statement of Correct | ction and fee(s) are | submitted for filing | ; . | | | |
| Please return all correspondence | concerning this ma | itter to the following | ;: | | | |
| NAZEERA DUI | POUX | | | | | |
| Name o | of Person | | - | | | |
| DAVIE ACCOUNTING | 3 & ASSOC | IATES | | | | |
| Firm/C | onipany | | • | | | |
| 3627 DAVIE BI | _VD | | | | | |
| Add | ress | | • | | | |
| FORT LAUDERDALE FL, 33312 | | | | | | |
| City/State a | nd Zip Code | | - | | | |
| davieacct@gmail.com | | | | | | |
| E-mail address: (to be used | | eport notification) | | | | |
| | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Nazeera Dupoux 954 | | 791-6671 | | | | |
| Name of Person | | at (Area Code |) Daytir | ne Telephone Number | | |
| | | | | | | |
| STREET/COURIER ADDRESS: | | | MAILING ADDRESS: | | | |
| Registration Section | | | Registration Section | | | |
| Division of Corporations Clifton Building | | | Division of Corporations P.O. Box 6327 | | | |
| 2661 Executive Center Circle | | | Tallahassee, Florida 32314 | | | |
| Tallahassee, Florida 32301 | | | | | | |
| Enclosed is a check for the follo | wing amount: | | | | | |
| |) Filing Fee & ate of Status | S55 Filing Fee Certified Copy | Certif | 60 Filing Fee, icate of Status & ied Copy | | |

CR2E062 (9/15)



STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited fiability company is: Avalanche Music Group LLC The Florida Document number of the limited liability company is: <u>L19000083466</u> SECOND: Document to be corrected is: Articles of Organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Article V containts an incorrect statement. Incorrect statement "Mauel" The first name is missing the letter "N". The corrected name should be "MANUEL" OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR The electronic transmission of the record was defective. Signature of Authorized Representative Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)