# L19000166939

(F	Requestor's Name)
( <i>F</i>	Address)
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- (0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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## **COVER LETTER**

TO: Registration Se Division of Cor				
RCH Musi	*			
SUBJECT:	Name of Lim	nited Liability Company		
	Amendment and fee(s) are sub	·		
ricase return an correspo	ndence concerning this matter GREGORY L. HOBBS	to the following:		
	GREGORY L. HOBBS, I	Name of Person		
	3161 WHIRLAWAY TRA	Firm/Company		201
	TALLAHASSEE, FL 323	Address 109		2019 JUL 11
	gregoryhobbspa@gmail.ec			PH 12: 05
For further information co- GREGORY L. HOBBS	e-mail address; ( oncerning this matter, please co	to be used for future annual report notifi all: 850 251-2709	ication)	0.5
Name of	Person	at ()	Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

.

TO:

Tallahassee, FL 32314

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

# TO ARTICLES OF ORGANIZATION OF

RCH Music, LLC		
(Name of the Limited Liability (A Florida l	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u> RCH Records, LLC	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	r the ubbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:		2019 J
Mailing address MAY BE A POST OFFICE BOX)		7
printing maness with the ATOST (FFTCE BOA)		
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	1
	, Floric	da
	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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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lf an effective <b>Note:</b> If the	date, if other than e date is listed, the da ne date inserted in t s effective date on	ite must be specific a his block does no	and cannot be prior timeet the application	to date of filing or able statutory fil	more than 90 days a	ptional) fter filing.) Pursi this date will r	uant to 60.	5.0207 ted as
	l specifies a del th day after the			t an effective	time, at 12:0	1 a.m. on tl	ne earli	ier of
	EY 10		2019					
		W	1. 1. 1.	20-				
-		Digina	M XI Ha	002_				
-	GREGORY L. HO		a member or autho	rized representati	ve of a member			

Page 3 of 3

Filing Fee: \$25.00