

8/9/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000238142 3)))



H190002381423ABC/

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

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : BUSINESS FILINGS
 Account Number : 105256001620
 Phone : (608)827-5300
 Fax Number : (608)827-5501

R. WHITE
 AUG 13 2019

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: slattamusic0@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SLATTA MUSIC LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2019 AUG 12 AM 8:26

2019 AUG 12 PM 1:35

Electronic Filing Menu

Corporate Filing Menu

Help

H190002381423

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

2019 AUG 12 PM 1:35

Slatta Music LLC

(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 7/18/2019 and assigned
Florida document number L19000185678

This amendment is submitted to amend the following:

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

Slatta Music Records LLC

The new name must be distinguishable and end with 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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. 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

H190002381423

H19000238142 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = 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"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

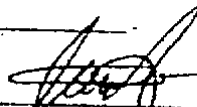
H19000238142 3

H19000238142 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 08/6/2019



Signature of a member or authorized representative of a member

Paul Sanchez, Member

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

H19000238142 3