

9/22/2014 10:51:41 From: To: 8506276380

(1/7)

Division of Corporations

Page 1 of 1

L23944

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.

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To:

Division of Corporations
Fax Number : (850) 617-6380

RE-SUBMIT

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please retain original filing
date of submission 9/16

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AMERICAN MECHANICAL RIGHTS AGENCY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	087
Estimated Charge	\$43.75

RECEIVED

14 SEP 22 AM 11:54

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
14 SEP 16 PM 3:10

NO Amend.

Electronic Filing Menu

Corporate Filing Menu

Help

09-23-14

Dr



September 17, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations
AMERICAN MECHANICAL RIGHTS AGENCY, INC.

2001 WILSHIRE BLVD

400

SANTA MONICA, CA 90403

SUBJECT: AMERICAN MECHANICAL RIGHTS AGENCY, INC.

REF: L23944

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please verify that its your intention to file the amendment to include a Florida Profit Benefit Corporation Option or a Florida Profit Social Purpose Corporation Option, if so please complete the sections provided.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H14000217141
Letter Number: D14A00019873

RE-SUBMIT

Please re-submit original filing
date of submission 9/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Mechanical Rights Agency, Inc.
Name of Corporation

DOCUMENT NUMBER: L23944

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Calhoun

Name of Contact Person

Karen I. Calhoun, Attorney at Law

Firm/Company

5020 Campus Drive

Address

Newport Beach, CA 92660

City/State and Zip Code

karen@karencalhounlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Calhoun

at (949) 760-6830

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Articles of Amendment
to
Articles of Incorporation
of

American Mechanical Rights Agency, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

L23944

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

American Music Rights Association, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2100 Ponce de Leon

Suite 1045

Coral Gables, FL 33134

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

149 S. Barrington Ave, #810

Los Angeles, CA 90049

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

CT Corporation System

120 South Pine Island Road

(Florida street address)

New Registered Office Address:

Plantation

Florida

33324

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

Joan Tolosa
Assistant Secretary

FILED
14 SEP 16 PM 3:10

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

☐ Add

☐ Remove

2) ☐ Change

☐ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(If not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: July 11, 2014, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated SEPT 20, 2014

Signature _____
(By a director, president or other officer - If directors or officers have not been selected, by an incorporator - If in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SINDEE LEVIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)