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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			RECEIVED
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SUBJECT:	ttolly Ster	ZEO	2027 MAR 23 AM 7:55
	• (===================================	,	
			SECRETANY ER STATE TALLAHASSEE.FL
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JHON H	Name of Person	
	Ho	14 Stered Firm/Company	
		,	
	5052 mille	nia Blvd	
		Address	
	<u>ORlando</u>	Florida 32	<u>839 </u>
	hollystere	FLORIDA 32 City/State and Zip Code O @ gnail. Com to be used for future annual report notified.	(ication)
For further information c	oncerning this matter, please o		incation)
JHON HO	My JEAN	at (407) 690	4478
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	etion
Division of C		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Holly Stereo		ZUZZ APR 19 AH 8: 23
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	TALLA JASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000208157</u> .	were filed on July 17,	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab HOLLY STEREO ENTE The new name must be distinguishable and contain the words "Limited Liab		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 agent and/or the new registered office address here:	address on our records, enter t	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u> </u>	, Flo	rida
N. D	City	Zip Code
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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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			DbdA
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		 	□Remove
			□Change

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 03/18/2022