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S Warren APR 14 2017

COVER LETTER

Division of Corporations
SUBJECT: SoundT Studios LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marina Bondarento Name of Person
Soundt Stydy's LLC
1830 S. Ocean Dr Apt 4711 Address
Hallandale Bch. FL 33009
City/State and Zip Code A M A X D b 2 Co G M A COM E-mail address: (to be used for litture annual report notification)
For further information concerning this matter, please call:
Marina Bondarento at (206), 518-7629 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

SoundT Studios (-1-0
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 12 000 15 2 94</u> . Z This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	dity company hora:
A. If amending name, enter the new name of the infinted name	mev company nere.
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1830 S. Ocean Dr Apt 4711
(Principal office address MUST BE A STREET ADDRESS)	Hallandale Beach FL 33009
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
Page 1	of 3

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
			Add
			🗆 Remove
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an effective date is I: ote: If the date in	other than the date isted, the date must be s serted in this block of re date on the Depart	pecific and car foes not mee	nnot be prior to o t the applicabl	date of filing or e statutory fili	more than 90 days	(optional) s after filing.) Pur s, this date will	suant to 605.020 not be listed a
The 90th day FIPRI (ies a delayed eff after the record 10 th	ective dat is filed.	e, but not a 20.17	in effective	time, at 12:	01 a.m. on t	he earlier o
ated <u>04</u> -	10-17	S	XVIT.				
			<u> </u>	<u> </u>	e of a member '.		

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Filing Fee: \$25.00