

LD3000032665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone#)

PICK-UP WAIT MAIL

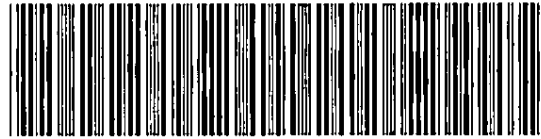
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300397365063

FILED

2023 JAN -9 AM 8:44

TALLAHASSEE, FLORIDA

RECEIVED

2023 JAN -9 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: 60.00

AUTHORIZATION: _____

Mint-Man, LLC L03000032665

Business Name

Document Number, (if known):



Walk in

Pick up time _____

Mail out

Will wait Photocopy

Certified Copy of Articles of Incorporation

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**
- PLLC**

AMMENDMENTS

- Amendment**
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution
- Merger
- Conversion**
- Notice of Withdrawal of Certificate of Authority**

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTIL() _____

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement

_____ Other
Country

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mint-Man, 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:

Robert Johnson

Name of Person

Mint-Man, LLC

Firm/Company

166 AIA N, Suite 216

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

flyingmojo@gmail.com

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

For further information concerning this matter, please call:

Robert Johnson

212 729-3883
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: MINT-MAN, LLC
Ref. Number: L03000032665

*Resubmit
Keep original
Submission date*

We have received your document for MINT-MAN, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The New Name of the Limited Liability Company "REGENT SOUND" must have the suffix.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 223A00000654

RECEIVED
2023 JAN 10 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2023 JAN -9 AM 8:44

Mint-Man, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/29/2003 and assigned Florida document number L03000032665

This amendment is submitted to amend the following:

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

Regent Sound LLC

The new name must be distinguishable and contain 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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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