LOHECCE STEEL

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(asomess zinki, name)
(Document Number)
(Southern Namaer)
Cartified Caning
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300434827663

08/20/24--01026--001 **25.00

12 HUNTI CS/20/24

COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT: Scie	Name of Limi	nd Systems L ited Liability Company	LC	
	nendment and fee(s) are sub-	-		
	Christophe	Name of Person		
	Scientific Soci	Systems LLC Firm/Company		
	P.O. Box 36	7325 Bonita Spi Address	ings FL	
		City/State and Zip Code		
	E-mail address: (terning this matter, please ca	urney official, control of the used for future annual report notifical:	oation)	~ 1
Christopher Name of Pe		aı(<u>239)</u> 877-9	7846 Telephone Number	- -
Enclosed is a check for the f	Collowing 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 For Certificate of S Certified Copy (additional copy is	Status &
<u>Mailing Address:</u> Registration Sec	etion	Street Address: Registration Sect	tion	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scientific Sound	Systems LLC
Scientific Sound (Name of the Limited Liability Com	pany as it now appears on our records.) and Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>しゃせつooみを7oサー</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
Underpin Music LLC The new name must be distinguishable and contain the words "Limited Lie	
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4. 4
(Principal office address MUST BE A STREET ADDRESS)	:
Enter new mailing address, if applicable:	- ~
Mailing address MAY BE A POST OFFICE BOX)	- ()
Maung unuress MAT BEAT OST OFFICE BOA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	, 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 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
			□Remove
			☐ Change
			□Add
			□Remove
			
			□Change
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗀 Remove
			Change

ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or n If the date inserted in this block does not meet the applicable statutory filin iment's effective date on the Department of State's records.	nore than 90 days after filing.) Pursuant to 605.02
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. filed.	
Christopher Burny Signature of a member or authorized representative	