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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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08 DEC - 1 AM ID: 30
SECRETARY OF STATE
TALLAHASSEE FLORID

COVER LETTER

SUBJECT: AUDIO CROGONS LLC.		
(Name of Limited Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted for filling.		
Please return all correspondence concerning this matter to the following:		
William Gormley (Name of Person)		
HUCIO CREOTIONS UC.		
21000 Boca Rio Rd Ste AZZ		
BOOR Aton, FL (City/State and Zip Code)		
For further information concerning this matter, please call:		
WILLIAM GOLMLEY at 501 488-5527 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section .

Division of Corporations

TO:

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

has I have been

08 DEC - 1 AM 10: 30

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Audio Crea		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>40500099353</u> .	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation	
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)	21000 Boon Rio Rd AZZ Boon Roton, FL 33433	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:	
Name of New Registered Agent:	am Gormley	
New Registered Office Address: 21000	boca lo Rd AZZ	
Box	(Enter Florida street address) (City), Florida 33433 (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 608, 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)

Page 1 of 2

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** Name **Address Type of Action** MGR Remove * ☐ Add Remove 🗂 Add Remove ☐ Add ☐ Remove 🗖 Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 111858195 Dated **V**UU Signature of a member or authorized representative of a member SUNM/AL Typed or printed name of signed

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

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Filing Fee: \$25.00