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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	_
Certified Copies Certificates of Status	_
Consideration to Filip Office	٦
Special Instructions to Filing Officer:	

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10 JAN 27 PM 12: 24
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Division of C				
SUBJECT:	Solar Sou	und & Vision, LLC		
30bec1		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
	spondence concerning this matte	-		
	Kathy Redyk			
		Name of Person		
API Processing				
Firm/Company				
3419 Galt Ocean Drive, Suite A				
		Address		
Ft. Lauderdale, FL 33308				
	kat	City/State and Zip Code		
	E-mail address:	thy@apiprocessing.com  (to be used for future annual report notifica	tion)	
For further information	n concerning this matter, please	call:		
	Kathy Redyk	ai ( · <u>/ </u>	67-0013	
Nam	e of Person	Area Code & Daytime T	`elephone Number	
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, FL 32314	STREET/COURIEI Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 JAN 27 PM 12: 24

Sola ( <u>Name of the Limited Li</u> a	Sound & Vision, LLC bility Company as it now apperida Limited Liability Company	SEURLIARY (	FSTATE FLORIDA	
(A Flo	rida Limited Liability Company)	)		
The Articles of Organization for this Limited Liabil Florida document number L070009881		9-27-2007	and assigned	
This amendment is submitted to amend the following	og:			
A. If amending name, enter the new name of the	limited liability company he	ere:		
Jacksonvil	e Audio Video Authority	LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	pany," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicable	·			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	0			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter t	he name of the new	
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 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

If amending the Managers or Managing Members on our records, cases the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Titte</u>	<u>Name</u>	Address	Type of Action
·			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
  			FILED  10 JAN 27 PM 12: 24  SEURETARY OF STATE  AND WHATSEFFFLORID
Dated	Jan. 19, 2010	er or authorized representative of a member arion J. Thompson of or printed name of signee	: 24 TATE ORIDA
	Signature of a memb	er or authorized representative of a member	
	Type	arion J. I nompson of or printed name of signee	

Page 2 of 2