

208000091661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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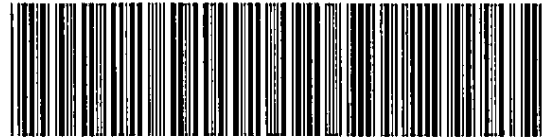
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 19 2017

Y SULNER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & B Audio, 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:

Bill Stathopoulos

Name of Person

A & B Audio, LLC

Firm/Company

39620 US Highway 19 N.

Address

Tarpon Springs, FL 34689

City/State and Zip Code

debby@abaudiostore.com

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

For further information concerning this matter, please call:

Debby Bingman

Name of Person

at (727) 942-1448

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

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

A & B Audio, LLC

(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 Company were filed on January 10, 2017 and assigned Florida document number L08000091661

This amendment is submitted to amend the following:

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

"Same" - unchanged

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)

"same" - unchanged

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

"same" - unchanged

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:

"same" - unchanged

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>
MGR	Aristoula Mandelos	79620 US Hwy 19 N.	<input checked="" type="checkbox"/> Add
		Tarpon Springs, FL 34689	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bill Stathopoulos	39620 US Hwy 19 N.	<input checked="" type="checkbox"/> Add
		Tarpon Springs, FL 34689	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

A & B Audio, LLC amended articles to add
additional owner/officer 50/50
partnership to read:

Aristoula Mandelos, Owner
Bill Stathopoulos, Owner

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CLERK OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 12.12.17 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 12, 2017



Signature of a member or authorized representative of a member

Bill Stathopoulos

Typed or printed name of signee

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091661

Entity Name: A & B AUDIO, LLC

Current Principal Place of Business:

39620 US HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689

Current Mailing Address:

39620 US HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689 US

FEI Number: 30-0046740

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STATHOPOULOS, BILL
39620 US HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name STATHOPOULOS, BILL
Address 39620 US HIGHWAY 19 NORTH
City-State-Zip: TARPON SPRINGS FL 34689

- for reference only -

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BILL STATHOPOULOS

OWNER

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date