

#L09000031735

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(City/State/Zip/Phone #)

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K. SALY  
EXAMINER

SEP - 5 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Superior Sight & Sound, 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:

Brian Jones

Name of Person

Superior Sight & Sound, LLC

Firm/Company

7035 Phillips Highway, Suite 9

Address

Jacksonville, Florida 32216

City/State and Zip Code

brian@superiorsight.net

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

For further information concerning this matter, please call:

Brian Jones

Name of Person

at ( 904 )

683-4766

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

FILED  
12 AUG 29 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Superior Sight & Sound, 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 April 1, 2009 and assigned  
Florida document number L09000031735.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7035 Phillips Highway, Suite 9

**(Principal office address MUST BE A STREET ADDRESS)**

Jacksonville, Florida 32216

Enter new mailing address, if applicable:

7035 Phillips Highway, Suite 9

**(Mailing address MAY BE A POST OFFICE BOX)**

Jacksonville, Florida 32216

**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:

7035 Phillips Highway, Suite 9

*Enter Florida street address*

Jacksonville

*City*

, Florida

32216

*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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Brian Jones</u>	<u>8135 Boonesbrough Trail</u> <u>Jacksonville, Florida 32244</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Brian Jones</u>	<u>7035 Phillips Highway, Suite 9</u> <u>Jacksonville, Florida 32216</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Lori Jones</u>	<u>8135 Boonesbrough Trail</u> <u>Jacksonville, Florida 32244</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Jamey Farrell</u>	<u>7035 Phillips Highway, Suite 9</u> <u>Jacksonville, Florida 32216</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>          </u>	<u>          </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>          </u>	<u>          </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 8/24, 2012.

Marcus Brian Jones

Signature of a member or authorized representative of a member

Marcus Brian Jones

Typed or printed name of signee