

11/3/2015

Division of Corporations

# L09000085961

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BOWMAN, GEORGE, SCHEB & TOALE, P.A.  
Account Number : I1999000222  
Phone : (941)366-5510  
Fax Number : (941)957-4890

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: luke@anderson-av.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUKE ANDERSON HOME THEATER, LLC

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 04 2015  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Luke Anderson Home Theater, 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:

Kenneth D. Chapman, Jr.

\_\_\_\_\_  
Name of Person

Bowman, George, Scheb, Kimbrough, Koach & Chapman, P.A.

\_\_\_\_\_  
Firm/Company

2750 Ringling Blvd., Suite 3

\_\_\_\_\_  
Address

Sarasota, Florida 34237

\_\_\_\_\_  
City/State and Zip Code

luke@anderson-av.com

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

For further information concerning this matter, please call:

Kenneth D. Chapman, Jr.

941 366-5510  
at ( )

\_\_\_\_\_  
Name of Person

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

Luke Anderson Home Theater, 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 9/4/2009 and assigned  
Florida document number L09000085961.

This amendment is submitted to amend the following:

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

Audio Video Partners, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2015 NOV - 3 AM 8:40  
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TALLAHASSEE FLORIDA

**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:

Kenneth D. Chapman, Jr.

New Registered Office Address:

2750 Ringling Blvd., Suite 3

*Enter Florida street address*

Sarasota

Florida 34237

*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>
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA  
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[illegible]

(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)

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.

November 3, 2015



Signature of a member or authorized

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA