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COVER LETTER

TO: **Registration Section** Division of Corporations

AUTO AUDIO SYSTEMS, 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:

JAMES WOLFE Name of Person JAMES WOLFE Firm/Company 920 EMERSON DRIVE Address DUNEDIN, FL 34698 City/State and Zip Code iwolfe37@tampabay.rr.com

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

For further information concerning this matter, please call:

JAMES WOLFE

at (727) 479-2131

Name of Person

Enclosed is a check for the following amount:

1 \$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

AUTO AUDIO SYSTEMS, 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 $\frac{11/15/10}{1}$ and assigned Florida document number <u>L100</u>00119447 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 "L.L.C" 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) 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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** MICHAEL LEASE 33160 US HWY 19 N MGR □ Add PALM HARBOR, FL 34684 □ Add ☐ Remove □ Add □ Remove AUG 14 PH 20: 47
AHASSEE, FUORIDA □ Add □ Remove ☐ Add _□ Remove

If amending any other information, enter change(s) here: (Attach addition	onal sheets, if necessary.)
·	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) be more than 90 days after
Dated AUGUST 9 2014	
11/ h) Lpry	
Signature of a member or authorized representative RICHARD GARBE	e of a member

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Filing Fee: \$25.00

SECRETARY OF STATE