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(Address)

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*Handwritten signature*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 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

**jwolfe37@tampabay.rr.com**

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

For further information concerning this matter, please call:

**JAMES WOLFE**

Name of Person

**727 479-2131**

at ( )  
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

AUTO AUDIO SYSTEMS, LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL LEASE	33160 US HWY 19 N	<input type="checkbox"/> Add
		PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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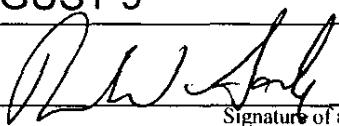
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 9, 2014



Signature of a member or authorized representative of a member

RICHARD GARBE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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