## L1200004781

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
	·	

Office Use Only

B. KOHR
JAN 1 8 2012
EXAMINER



400215477614

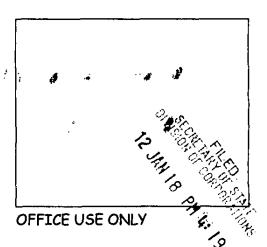
81/18/12--01020--012 \*\*55.00

OIVISION OF SMI OF STATE THIS THIS SEE FILL OF STATE OF SMI OF SMI ON STATE OF SMI ON SMI ON

12 JAN 18 PM 14

SECRUTARY OF STATE
DIVISION OF CORPURATIONS

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRÎVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

SONIVOX GP, LLC

CK# 5512 FOR \$55.00

PLEASE FILE THE ATTACHED AMENDMENT & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

## **COVER LETTER**

10;	Division of Co			· · · · · · · · · · · · · · · · · · ·
SUBJE	CT:	Numari	k Sonivox, LLC	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
5020		·····	Ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
		Mich	elle Cadorette, Paralegal	
			Name of Person	
		D	uffy & Sweeney, LTD.	
			Firm/Company	
		One F	inancial Plaza, Suite 1800	
			Address	** · · · · · · · · · · · · · · · · · ·
			Providence, RI 02903	
			City/State and Zip Code	
		mcado E-mail address: (	prette@duffysweeney.com to be used for future annual report notifi	cation)
For furt	her information of	concerning this matter, please o	eall:	·
	Michelle (	Cadorette, Paralegal	at ( 401 )	455-0700
	Name o	f Person	Area Code & Daytime	Telephone Number
Enclose	d is a check for t	he following amount:		
<b>\$25.</b>	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 rassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerutal Tallahassee, PL 323	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	Numark So	nivox LLC		3
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appr lability Company	ears on our records.)	
The Articles of Organization for this Limited I		were filed on	January 11, 2012	and assigned
Florida document number L1200000	<u>4781                                    </u>			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company l	<u>iere</u> :	
	Sonivox G			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		n/a		
(Principal office address MUST BE A STRE	ET ADDRESS)			
		<del></del>		<del>,, , , , , , , , , , , , , , , , , , ,</del>
Enter new mailing address, if applicable:		n/a		
(Mailing address MAY BE A POST OFFICE	(BOX)			
B. If amending the registered agent and registered agent and/or the new registered			n our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	n/a	····		
New Registered Office Address:	<u>n/a</u>	·····		
		•	Enter Florida street addr	e <b>.s.s</b>
			, 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 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:

	Name	<u>Address</u>	Type of Action
<del></del>			——————————————————————————————————————
<del></del>			Add Remove
<del></del>			
<del></del>			
<del></del>			[-1\\mathred{m}
			F=17.
. If amend	ding any other information, ent	er change(s) here: (Attach additional sheets, ij	fnecessary.)
). If amend	ding any other information, ent	er change(s) here: (Attach additional sheets, ij	fnecessary.)
o. If amend	January 18	er change(s) here: (Attach additional sheets, tj	f necessary.)

Page 2 of 2

Filing Fee: \$25.00