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 : STEVEN H. HIBBE Account Number : I20090000076

Phone : (305) 375-0966

Fax Number

: (305)375-0967

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SOUND FERRETTI 731, LLC**

Certificate of Status	0
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Page Count	05
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B. BOSTICK

MAY - 1 2013

Electronic Filing Menu

Corporate Filing Menu

HelpEXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

SOUND FERRETTI 731, 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:

STEVEN H. HIBBE

Name of Person

STEVEN H. HIBBE P.A.

Firm/Company

1390 SOUTH DIXIE HIGHWAY, SUITE 1104

Address

CORAL GABLES, FLORIDA 33146

City/State and Zip Code

cl@yachtcounselor.com

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

For further information concerning this matter, please call:

Carol Lopez

Name of Person

305 375-0966

Area Code & Daytime Telephone Number

2013 APR 30 AH 8: 36 SECRETARY OF STATE TALLAHASSEE, FLORID

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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

	City	Zip Code
_		, Florida
New Registered Office Address:	Enter I	Torida street address
Name of New Registered Agent:		
registered agent and/or the new registered office	sddress bere:	
B. If amending the registered agent and/or a	registered office address on our	,
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	FISA 8
Enter new mailing address, if applicable:		
Dutan man man Dina addina di Manali Ali		30 ARY SSE
		ARE AP
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new principal offices address, if applicable		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation
SOUND FERRETTI 830, LLC		
A. If amending name, enter the new name of the	s limited liability company here:	
This amendment is submitted to amend the followir		•
Plorida document number	_ ·	
Florida document number L13000048408	nty Company were nied on	and assigned
The Articles of Organization for this Limited Liabil	:t-: C	2013
(Name of the Limited Lia) (A Flo	bility Company as it now appears on rida Limited Liability Company)	our records.)

New Registered Agent's Signature, if changing Registered Agent:

SOUND FERRETTI 731 LLC.

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 = M MGRM = 1	anager Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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			Remove	
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			Remove	
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(Famendin g an y d	officer information, enter change(s) here: (Attach additional theeis, if necessary.)
<u></u>	
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	Signal secol is sacriber or authorized representative of a member
PHIL	L. DIGENNARO
	Typed or printed name of signee
	Page 3 of 3

Filing Pee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORID.