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SECRETARY OF STATE

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COVER LETTER

TO: Registration Division of C	Section		
CUMPOT	ive Loud LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Michell	e Giubilo Name of Person	
		-oud LLC Firm/Company	
		Firm/Company	
	1141 422	AVO NE	
		Address	
	Sound Pader	Sburg FL 33703 City/State and Zip Code	
		o be used for future annual report notificati	ion)
For further information	concerning this matter, please ca		
Michale Name	Ciubilo of Person	at (609) 432-5030 Area Code & Daytime To	elephone 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

	9 LLC			
(Name of the Limited Li (A Fl	ability Company orida Limited Lia	as it now appear bility Company)	rs on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L13000075140</u>		vere filed on <u>N</u>	New 12nd, 20	and assigned
This amendment is submitted to amend the follows A. If amending name, enter the new name of the	_	ity company her	· ·	F 13 SE SECKET TALLAH
A. If amending name, enter the new name of the	ie militer nabin	пу сошраву ист	<u>v</u> .	-1L P 26 ASSE
The new name must be distinguishable and end with the "L.L.C."	he words "Limite	d Liability Compa	my," the designation	LLC or the aboreviation
Enter new principal offices address, if applicab	le:		NO AVU NE	
(Principal office address MUST BE A STREET A	ADDRESS)	Saint Ped	versburg, 62	33703
Enternant welling address if applicables		1)(1) (1)	è hu N6	144
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) Y)	1/10/ Ye	Jerchica EL	?31 ₀ 3
Intuining mutress MAX BLATUST VITICL BU	<u> </u>	- OMING TO	actional tr	
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Michell	c Giubilo		
New Registered Office Address:	1141 4	are due N		
			ter Florida street ad	
-	54. Peder	sburg	, Florida _	33703
New Registered Agent's Signature, if changing Reg		Ciù A		Zip Coae
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this cha	per and comple red agent as pr gistered office a	te performance ovided for in Cl ddress, I hereby	of my duties, and I hapter 608, F.S. Oi	am familiar with and ; ; if this document is imited liability

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 = Manager

MGRM = Managing Member <u>Address</u> Type of Action <u>Title</u> Name | 619 Kirkwood Terrace #6 Brandon Jolly MGRM Saint Pedersburg FL 33701 Remove Remove Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
Brandon Jolly was the past Registered Agent and						
: Managing mamber, however he has 1014 the company, and						
: state. I am now the sole owner/registered agent!						
managing member of Live Loud LLC.						
Dated <u>September</u> 21 ⁴⁴ . 2013 .						
Mi &~						
Signature of a member or authorized representative of a member						
Mighelle Giubilo Typed or printed name of signee						
Typed or printed name of signee						
Page 3 of 3						

Filing Fee: \$25.00

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SEGRETARY OF STATE