113 0000 94662

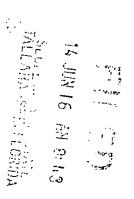
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section
Division of Corporations

BEST OF SHOW AUDIO, 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:

Lynn Applegate
Name of Person
Best of Show Audio, LLC
Firm/Company
444 Edison Street
Address
Spring Hill, FL 34608
City/State and Zip Code
lynnapplegate770@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Applegate	_{at} 727 2	_{at} 727 247-9434		
Name of Person	Area Code	Daytime Telephone Number		
Enclosed is a check for the following amount:				

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (addition al copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Best of Show Audio, LLC			<u> </u>		
(Name of the Limi	ited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited L Florida document number <u>L13000094662</u>	Liability Company v	were filed on July 2, 2013	and	t assigr	ied
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liabi	lity company here:			
n/a					
The new name must be distinguishable and end with the	words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviati	on "L.L.	C."
Enter new principal offices address, if appli	cable:	n/a			
(Principal office address MUST BE A STREA	ET ADDRESS)				
			· .		
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 o			ter the na	me of	the new
N 6N 5 1 1	Lynn Appleg	nate	Př.	7	
Name of New Registered Agent:			True or notice of the state	<u> </u>	
New Registered Office Address:	444 Edison	Street Enter Florida street address	- (2) 		·
	Code a till		1,2	- Pro-	e lang Zire
	Spring Hill	, Florida	34608	ode D	
New Registered Agent's Signature, if changing	Registered Agent:	Cily		دري حير	•
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg	er and complete p	performance of my duties, and I a	m familiar	with a	ınd

Page 1 of 3

Ann applicate
If Changing Registered Agent Signature of New Registered Agent

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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
		n/a	A dd
			□ Remove
			Add
			☐ Remove
····			□ Add
			□ Remove
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		4 44444	Remove
			Add: 100 Ad
			☐ Add
 .		 	D Add
			☐ Remove

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
11/6	1
The effective	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	s document is filed by the Florida Department of State)
Dated	6-11-2014
	Lynn applegate
	Signature of a member of authorized representative of a member
	Lynn Applegate
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Ch & RY 91 RMC 41