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SECRETARY OF STATE

AUG 13 2013 D. BRUCE

© COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kellermann's Mobile Costom Audio, LC 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:
Melissa B. Forrest Name of Person
Kellermann's Mobile Custom Audio, LLC Firm/Company
PO Box 1225Z Address
Daytona Bch, FL 32120 City/State and Zip Code Keller manns mca @ 9 mail companies E-mail address: (to be used for future annual report notification)
For further information concerning this matter place cell:
Melissa B. Forcest at 386, 506-1239 Name of Person Area Code & Daytime Telephone Number 271
Enclosed is a check for the following amount: \$\Bigsize \\$ \$25.00 \text{ Filing Fee} \\$ \$30.00 \text{ Filing Fee & Certificate of Status} \$\$\$ Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) \$\$\$ Certificate of Status & Certificate 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

(A Florid	da Limited Liability Company)	is on our records.	
The Articles of Organization for this Limited Liability Florida document number <u>L\3000\0\8</u> [7/18/13	and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)		VLEAHASSEE FRORI	THE AUG 12 PH 3: 2
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on a ddress here:	our records, enter-t	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Er	iter Florida street addi	ress
	City	, Florida	Zip Code
	/ (11)		

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:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> Address Type of Action Burke E. Kellermann 210 Gibson Add Remove Add Remove Add Remove Add Remove Add Remove Dated

Da

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Filing Fee: \$25.00

