

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
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Account Number : 120110000049
Phone : (905) 431-0339
Fax Number : (305) 390-9548

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ESPIRIT MANAGEMENT, LLC

Certificate of Status	0
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FCLINE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ESPIRIT MANAGEMENT, 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:

Julio C. Barbosa, Esq.

Name of Person

Barbosa Law Office

Firm/Company

2000 Ponce de Leon Blvd., Suite 625

Address

Coral Gables, FL 33134

City/State and Zip Code

jbarbosa@barbosalegal.com

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

For further information concerning this matter, please call:

Julio C. Barbosa, Esq.

Name of Person

at **(305) 421-6339**

Area Code & Daytime Telephone 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ESPIRIT MANAGEMENT, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 06, 2013 and assigned
Florida document number L13000111412

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LIQUID SOUND, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

934 S Southlake Drive

Hollywood, FL 33019

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2000 Ponce de Leon Blvd., Suite 617

Coral Gables, FL 33134

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Barbosa Law Office

New Registered Office Address:

2000 Ponce de Leon Blvd., Suite 625

Enter Florida street address

Coral Gables

Florida 33134

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.

Barbosa Law Office
If Changing Registered Agent, Signature of New Registered Agent

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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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MIDMAR, LTD	40 SW 13 Street, Unit 802	☐ Add
		Miami, FL 33130	☒ Remove
MGR	Marcelo Callegari	2000 Ponce de Leon Blvd.	☒ Add
		Suite 617	☐ Remove
		Coral Gables, FL 33134	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated September 19 2013



Signature of a member or authorized representative of a member

Elena Barbosa, Esq.

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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