# 14000060168

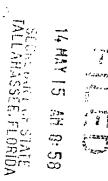
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Se			
		Sound LLC.	
	/ Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ma	Name of Person	
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1460 N.	60 Identoo Ro. Address	
		Address	
	0,1	City/State and Zip Code  Ly Pro Sound Product to be used for future annual report no	7.
		City/State and Zip Code	
	Quality addresses	Ly Pro Sound Fro duct	villection)
			uncation)
,	concerning this matter, please co		
Molvin	MAICANO	at ( 407. ) 33 Area Code Dayti	4-7061
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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

Quality Pio	Sound LLC.		
(Name of the Limited Liabi)	ity Company as it now appears of a Limited Liability Company)	n our records.)	<del></del>
The Articles of Organization for this Limited Liability of Florida document number _ \( \frac{1400006016}{2} \)		1/11/2014	_ and assigned
This amendment is submitted to amend the following:	. <del></del>		
A. If amending name, enter the new name of the lin	nited lighility company here		
A. If amending name, enter the new name of the mi	incu habinty company here	•	
The new name must be distinguishable and end with the words "L	imited Liability Company," the de	signation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	402	
		A.S.	<u> </u>
			The state of
Enter new mailing address, if applicable:	<u> </u>	800	<u>5</u>
(Mailing address MAY BE A POST OFFICE BOX)			The Control
		0	73 (Marie)
		7018 315	20
B. If amending the registered agent and/or reging registered agent and/or the new registered office additional and the registered office additional and the registered office additional and the registered of the registered agent and the registered agent		our records, enter the	e name of the nev
registered agent and/or the new registered office ad-	aress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	a street address	
	City	, Florida	Zip Code
	City		rip 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 605, 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 Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Melvin MARCANO	3413 DASha Palm DR.	Add
	·	31/13 DASHa Palm DR. KISSIMMER, Fl 34744	□ Remove
			□ Add
			□ Remove
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Adding	fed ID # 46-5321709
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The effective date must be the date this document is the	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days afte filed by the Florida Department of State)
he effective date must be the date this document is the	especific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effective date must be the date this document is to the date this document is the date.	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days afte filed by the Florida Department of State)
The effective date must be the date this document is to the date this document is the date.	e specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)  8 2614.  7014
he effective date must be the date this document is the	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days afte filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

