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(Re	equestor's Name)	
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K. SALY EXAMINER FEB 23

COVER LETTER

TO: Registration Section Division of Corpor		,
SUBJECT:	SOUNDSLINGER LLC Name of Limited Liability Company	
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Please return all corresponde	nce concerning this matter to the following:	
	Steven P. Sybesha Name of Person	
	Steven P. Sybesha Name of Person SOUNDSLINGER LLC Firm/Company	
	2665 S. BAYSHORE DR. #605B	
ŕ	Mi AMi, 7L 33/33 City/State and Zip Code	
-	Esther @ SoynbsLinger · Com E-mail address: (to be used for future annual report notification)	
For further information conc	erning this matter, please call:	
ESTHER Name of Pe	CASTRO at (305) 859-4900 X 4 Area Code Daytime Telephone Number	_
Enclosed is a check for the fo	ollowing amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing F Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status & y

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 ARTICLES OF ORGANIZATION OF

ARTICL	ES OF ORGANIZAT		2016 FEB 19 PM 1:24
	OF		2016 FFA . ED
SOUND	SLINGER	LLC	TATIONIN PH
(Name of the Limited Lia (A Flo	<mark>ability Company as it now appear</mark> orida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabilit	y Company were filed on 6974	7-24-8	and assigned
This amendment is submitted to amend the following	j:		
A. If amending name, enter the new name of the	limited liability company he	<u>ere</u> :	
The new name must be distinguishable and contain the words	I imited Liability Company "the d	lesignation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AL	ODRESS)		·
			·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a	0	our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
Tion regulated Street Hamilton	Enter Flor	rida street address	
		, Flori	ida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Title **Address** <u>Name</u> Steven P. SYBESMA 2665 S. BAYShORC DR. XAdd # 605 B MIAMI, FL 33133 _□ Remove ☐ Change PAUL PECK 26655.BAYShore DR XAdd #605B MiAMi, 7L 33/33 ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

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faatiya da	te, if other th	an the date	of filing:				(onti	onal)	
n effective d ote: If the o	ate is listed, the date inserted in ffective date of	date must be sp n this block do	ecific and can oes not meet	the applical	date of filing ole statutory	or more than filing requir	90 days afte	r filing.) Pur:	suant to 605.02 not be listed a
	pecifies a d day after t			, but not	an effecti	ve time, a	t 12:01	a.m. on t	the earlier
		M	72/1						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00