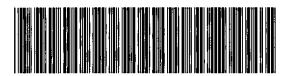


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COVER LETTER

Division of Co	rporations		
Osmosis	s Audio LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Erick Hernandez		
		Name of Person	
		Firm/Company	
		rirm/Company	
	272 Veleros st		
	·	Address	
	Coral Gables, FL 33	143	
		City/State and Zip Code	
	erickh84@gmail.com		
	E-mail address: (to be used for future annual report notification	n) 23
For further information	concerning this matter, please c	all:	
Erick Hernandez		786 371 - 5256	AND ROMAN SECTION NO.
Name o	of Person	Area Code Daytime Telep	phone 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)	Section 1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Osmosis Audio LLC				
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited I	Liability Company were filed on Ja	nuary 07 , 2015	_ and assigned	
Florida document number L15000003916				
This amendment is submitted to amend the fol	lowing:	V		
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the	words "Limited Liability Company," the de	signation "LLC" or the abbr	reviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
		· . · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:	·			
(Mailing address MAY BE A POST OFFICE	BOX)		N3	
D. If amonding the projection of court and	1/on modetomal +6011		33 3	
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the	a name of the nev	
Name of New Registered Agent:	Christopher Hernandez		93 .	
New Registered Office Address:	8899 sw 123 ct #105		5	
	Enter Florida street address			
	Miami , Florida 33186		16	
N	City		Zip Code	
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registers	ed agent and agree to act in this ca	nacity I further agree	to comply with the	

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, 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
AMBR	Christopher Hernandez	8899 sw 123 ct #105 Miami, FL 33186	Add
			□ Remove
AMBR	DAVID MANUEL ZAFRA	5073 NW 195th TERR MiAMI, FL 33055	Add
			Remove
			□ Add
			Remove
	444-44-5-4		□ Add
			Remogr
			APR 20 I
			Add F
		-	_
			□ Add
•			_□ Remove

Page 3 of 3

Filing Fee: \$25.00

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