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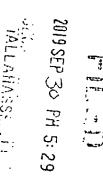
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COVER LETTER

TO:	Registration Sec Division of Corp			
.21.115.113	Unique Aud	lio Customs LLC	1	
SUBJE	C1:	Name of Limi	ted Liability Company	
The enc	dosed Articles of .	Amendment and fee(s) are subt	nitted for filing	
		ndence concerning this matter	,	
		Tyrell Richardson		
		Unique Audio Customs LL	Name of Person C	
		4201 Misty Way	Firm/Company	
		Auburndale / Fl 33823	Address	
		tyrelluac@gmail.com	City/State and Zip Code	
For furt	ther information co	E-mail address: (i oncerning this matter, please cr	o be used for future annual report notif	ication)
Tyrell!	Richardson		863 3374645	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 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

Unique Audio Customs LLC			
(Name of the Limi	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	
the Articles of Organization for this Limited L lorida document number L15000078229	iability Company were fil	ed on September 24th 2019	and assigned
his amendment is submitted to amend the foll	lowing:		
. If amending name, enter the new name of	of the limited liability con	npany here:	
he new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LEC" or the a	abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and egistered agent and/or the new registered of the new re	l/or registered office ad	dress on our records, <u>ente</u>	2019 SEP 3 o PH 5: Fithe name of the name
Name of New Registered Agent:		<u>-</u>	
New Registered Office Address:	3604 Century Blvd Unit		
		Enter Florida street address	
	Lakeland	, Florida <u>3</u>	Zip Code
	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 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

		1	
	g Authorized Person(s) authorized to r from our records:	nanage, enter the title, name, an	d address of each person being adde
MGR = N AMBR = A	lanager Authorized Member	l L	
<u>Title</u>	<u>Name</u>	Address	Type of Action
		:	
		i	☐ Remove
		·	☐ Change
			· Add
		 	Remove
			☐ Change
		+	Remove
			Change
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			Remove
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			☐ Change
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ii amending any other informat	ion, enter change(s) here: (Attach additional	sneets, if necessary.)
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	October 1st 2019	
Effective date, if other than the if an effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Defective date.	date of filing: the specific and cannot be prior to date of filing or more took does not meet the applicable statutory filing recepartment of State's records.	(optional) han 90 days after filing.) Pursuant to 605.0207 quirements, this date will not be listed as
ne record specifies a delayed The 90th day after the reco	effective date, but not an effective time ord is filed.	e, at 12:01 a.m. on the earlier of
September 24th Dated	2019	
	7	
- frankl	Signature of a member or authorized representative of a	member
- Lymin	Signature of a member or authorized representative of a	member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00