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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Crafted Audi	o, LLC		
oobano1,		Name of Limi	ted Liability Company	
		mendment and fec(s) are subt		
	. un concopon	Joseph White	in the following.	
			Name of Person	
		Crafted Audio, LLC		
			Firm/Company	
		7616 Southland Blvd. Suite	104	
			Address	
		Orlando, FL 32809		
			City/State and Zip Code	
		joseph@craftedav.com	o be used for future annual report notif	Feation)
For further i	nformation cor	neerning this matter, please ca	·	ication)
Joseph Whi	te		321 750-4708	
	Name of I	Person	at () Area Code Daytime	e Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 F	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

Crafted Audio, LLC		-	-
(Name of the Limit	ed Liability Comp: (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liferida document number L15000127876	ability Company	were filed on <u>07/24/2015</u>	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	pility company here:	
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:		7616 Southland Blvd.	
Principal office address MUST BE A STREE		Suite 104	
Timepar office and ess most be ASTREET ADDRESS.		Orlando, FL 32809	
Enter new mailing address, if applicable:		7616 Southland Blvd.	17 AUS
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Suite 104	<u> </u>
3. If amending the registered agent and/egistered agent and/or the new registered of	or registered o fice address her	Orlando, FL 32809 ffice address on our re	ecords, enter the name of the
Name of New Registered Agent:	Joseph White		
New Registered Office Address:	7616 Southland	d Blvd. Suite 104	
-		Enter Florida street	address
	Orlando		Florida <u>32809</u>
		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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Michael Moyer	5142 Formby Dr.	
		Orlando, FL 32812	■ Remove
			□ Change
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			Change
			D-Remove SS: □ Change
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			49	
Effective date, if other than the officetive date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	be specific and cannot be prior to c ck does not meet the applicable	late of filing or more than 90 day	(optional) ys after filing.) Pursuant to 60 tts, this date will not be lis	05,0207 (sted as t
he record specifies a delayed The 90th day after the reco	effective date, but not a ord is filed.	n effective time, at 12	:01 a.m. on the ear	lier of:
Dated August 10	2017			
	Wils	•		
	Signature of a member or authorize	ed representative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00