15000143459

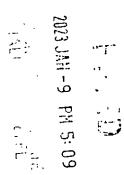
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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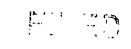
COVER LETTER

SUBJECT:			ted Liability Company		
The enclosed Ar	rticles of A	mendment and fee(s) are subi	nitted for filing.		
Please return all	correspond	dence concerning this matter	to the following:		
		Gabriel Baytan			
			Name of Person		
			Firm/Company		3 solutions and states are states and states and states are states
	Name of Person				
			Address		
		Gainesville/Florida 32605			
			City/State and Zip Code		
			16.6	28	
				eport nonneadon)	
For further infor	mation cor	ncerning this matter, please co	ill;		
Gabriel Baytan				1933	
	Name of I	Person		Daytime Telephone i	Number
Enclosed is a ch	eck for the	following amount:			
□ \$25.00 Filir	ng Fee		Certified Copy	osed) Co	ertificate of Status & ertified Copy

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 JAH - 9 PH 5: 09

AUDIO TECH AMERICA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 21, 2015 and assigned Florida document number L15000143459 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rival Entertainment Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address CayNew 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 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
			□Remove
			□ Change
			⊒Add
			□Remove
			□Add
			□ Remove
			⊒Add
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<u> Note:</u>	ve date, if other than the date of filing:	5 020° ed as
ocume	ent's effective date on the Department of State's records.	
record d is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afterd.	n the
	January 5th 2023	
ated _		
	Signature of a prember or authorized representative of a member	

Filing Fee: \$25.00