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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STAIL TALLAHASSEE, FLORIDA

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COVER LETTER

| 2 | ision of Cor | | | |
|----------------|---------------|--|---|---|
| UBJECT: | Ekko Audio | , LLC | • | |
| • | | Name of Lim | ited Liability Company | |
| he enclosed | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| lease return | all correspo | ndence concerning this matter | to the following: | |
| | | Sean Murray | | |
| | | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | | Ekko Audio, LLC | | |
| | | | Firm/Company | |
| | | 2175 Magnolia Street | | |
| | | | Address | . • |
| | | Sarasota, FL 34239 | | |
| | | | City/State and Zip Code | |
| | | sean@ekkoaudio.com | to be used for future annual report notif | ication) |
| For further in | nformation co | oncerning this matter, please ca | * | , |
| Sean Murray | f | | 941 518-6324 at () | |
| | Name of | Person | Area Code Daytime | e Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| ■ \$25.00 F | iling 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**

2017 MAR 24 AM 10: 12

Ekko Audio, LLC

| (Name of the Limited Liability Compa (A Florida Limited) | iny as it now appears on our records.) Liability Company) | SEE FLORIO, |
|---|---|------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L15000156869</u> . | were filed on September 15, 2015 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2175 Magnolia Street | |
| (Principal office address MUST BE A STREET ADDRESS) | Sarasota, FL 34239 | |
| Enter new mailing address, if applicable: | 2175 Magnolia Street | |
| (Mailing address MAY BE A POST OFFICE BOX) | Sarasota, FL 34239 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: | | er the name of the new |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | Zip Code |
| | Cu., | sup Orac |

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 |
|--------------|-----------------|--------------------------|---|
| MGR | Hamid Qayyum | 2175 Magnolia Street | = Add |
| | | Sarasota, FL 34239 | □ Remove |
| | | | ☐ Change |
| AMBR | Jason Krywko | 4615 Halls Mill Crossing | ■ Add |
| | | Ellenton, FL 34222 | □ Remove |
| | | | ☐ Change |
| AMBR | Frank Elge, III | 1731 Mellon Way | |
| | | Sarasota, FL 34232 | ☐ Remove |
| | | | ☐ Change |
| | | | |
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| | | | □ Remove |
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| ective date, if other than the | e date of filing: | ebruary 14, 201 | | (optional) |) |
| effective date is listed, the date mue: If the date inserted in this b | lock does not meet 1 | the applicable st | of filing or more that atutory filing requ | n 90 days after filing irements, this date | ;) Pursuant to 605.020 will not be listed as |
| ument's effective date on the I | Department of State ² | s records. | | | |
| record specifies a delaye | d effective date | , but not an | effective time. | at 12:01 a.m. | on the earlier o |
| he 90th day after the rec | | • | -, | | |
| , March 20 | 20 |)17 | | | |
| Seen F. M. | , | · · · · · · · · · · · · · · · · · · · | | | |
| y - / H | <i>/</i> | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00