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Certified Copies	Certificates	of Status
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TO ACKNOWLEGGE



MAR 29 2016 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	120000000	195
REFERENCE	:	049015	80

AUTHORIZATION :

ORDER DATE: March 8, 2016

ORDER TIME : 3:28 PM

ORDER NO. : 049015-010

CUSTOMER NO: 8065828

DOMESTIC AMENDMENT FILING

NAME: LOUD PACK LIFESTYLE LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LOUD PACK LIFESTYLE LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	were filed on 10/14/2015 and assigned	
Florida document number L15000174817		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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)	20	
	76 6	,
		* 4
Enter new mailing address, if applicable:	S S S	 الار
(Mailing address MAY BE A POST OFFICE BOX)		i Arga
•	3-	نعمه
B. If amending the registered agent and/or registered office address here:	ice address on our records, enter the name es the r	iev
Name of New Registered Agent:		-
New Registered Office Address:		
,	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·	, Florida	
New Registered Agent's Signature, if changing Registered Agent	City Zip Code	

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:

...

_D Change

Title	authorized Member Name	Address	Type of Action
MBR	David Baptiste	10591 NW 8th Street	☐ Add
		Pembroke Pines, FL 33026	■ Remove
			□ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
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Dated March 33 , 2016. Signature of a member or authorized representative of a member	Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Signature of a member or authorized representative of a member	e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier or 90th day after the record is filed.
	Dated .	March 27, 2016.
David Baptiste, Member		Signature of a member for authorized representative of a member
		David Bantiste Member

Page 3 of 3

Filing Fee: \$25.00