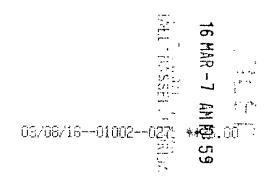
15000207962

(I	Requestor's Name)	
(/	Address)	
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COVER LETTER

TO: Registration S Division of Co	ection rporations		
SOUND C	ON AUDIOLOGY, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JAMI LEVENTHAL		
		Name of Person	
	SOUND ON AUDIOLOG	Y, LLC	
		Firm/Company	
	11380 PROSPERITY FAR	RMS ROAD , SUITE 210B	•
		Address	
	PALM BEACH GARDEN	IS, FL 33410	
		City/State and Zip Code	
	JAMI@SOUNDONAUDIO		
For further information	e-man address: (to be used for future annual report notifi all:	caton)
JAMI LEVENTHAL		561 469-9846 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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)
		emp.P.F.W.(COVID.F.	DD ADDRESS

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

SOUND ON AUDIOLOGY, LLC					
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000207962</u>	were filed on 12/15/2015	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."			
Enter new principal offices address, if applicable:	11380 PROSPERITY FARMS ROAD				
(Principal office address MUST BE A STREET ADDRESS)	SUITE 210B				
	PALM BEACH GARDENS, FL 33410				
Enter new mailing address, if applicable:	11380 PROSPERITY FARMS ROAD				
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 210B				
	PALM BEACH GARDENS, FL 33410				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address Florida	7 7			
	City	e-Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	59			

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 Address Type of Action **Title** <u>Name</u> _D Add _□ Remove _□ Change □ ∧dd _□ Remove _ Change □ Add □ Remove ☐ Change 5 E bbA □ Remove ☐ Ch**ūn**ge S (a) □ Add _□ Remove ☐ Change _□ Add _□ Remove _ Change

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Effective date, if other than the	ne date of filing: tust be specific and cannot be prior to date	of filing or more than 90 days after ti	i al) line) Pursuant to 605 0207
Note: If the date inserted in this document's effective date on the	block does not meet the applicable st	atutory filing requirements, this	late will not be listed as
	ed effective date, but not an	effective time, at 12:01 a.	m. on the earlier of
) The 90th day after the re	cora is filea.		
Dated MARCH 2	2016		
<u> </u>	1 1.0.		
	/0.x 1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00