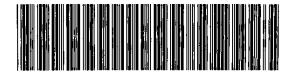
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## **COVER LETTER**

Division of Corp		•	
316 Sounds SUBJECT:	& Audio, LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	John Newton		
		Name of Person	
	316 SOUNDS & AUDIO,	LLC	
	<del></del>	Firm/Company	
	320 N. Dollins Ave.		
		Address	
	Orlando, FL 32805		
		City/State and Zip Code	
	diondra.newton@gmail.com		
For Combonic Comments		to be used for future annual report notifi	canon)
ror turiner information co	oncerning this matter, please ca	att:	
Diondra Newton		321 303-5874 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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)

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**

316 SOUNDS & AUDIO, LLC

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

(A Florida Elillica Ela	omy company)					
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{L16000151876}{L16000151876}$	vere filed on 8/15/2016	and as	ssigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabili	ity company here:					
3:16 SOUNDS & AUDIO, LLC						
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L	LC" or the abbreviation "l	L.L.C."			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)		****	<del> </del>			
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 here:		rds, enter the name	Sof the nev			
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	<del></del> _			
New Registered Office Address:						
	Enter Florida street add	ldress				
		Florida				
	City	Zip Code	2			
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties,	, and I am familiar w	ith and			

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 Title Name **Address Type of Action** Dionarz Newton 320 N. Dollins Ave. Orlendo, PL DAdd 32805 ☐ Remove Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove 3 Change - A&& □ **Ré**move ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove

☐ Change

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Page 3 of 3

Filing Fee: \$25.00