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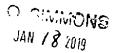
| (Reque | estor's Name) | |
|------------------------------|---------------|-------|
| (Addre | ss) | |
| (Addre | ss) | _ |
| (City/S | tate/Zip/Phor | ne #) |
| PICK-UP | MAIT | MAIL |
| (Busin | ess Entity Na | me) |
| (Docur | ment Number |) |
| Certified Copies | | |
| Special Instructions to Fili | ng Officer: | |
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COVER LETTER

| TO: | Registration Se Division of Cor | | · | |
|------------------|------------------------------------|---|---|--|
| SUBJI | ect. | The Audi | o / Video Guys of CFL, LLC | 2 |
| SUBJI | ECT: | Name of Lin | ited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | | Gregory S Tucker | |
| | | | Name of Person | |
| | | The A | Audio / Video Guys of CFL, I | LLC |
| | | | Firm/Company | |
| 806 Rebus Ave SW | | | | |
| | | | Address | - |
| | | | D. L. D. C. 20000 | |
| | | | Palm Bay, FL. 32908 City/State and Zip Code | |
| | | gree | theavguy@gmail.com to be used for future annual report no | |
| | | E-mail address: (| to be used for future annual report no | tification) |
| For fur | ther information c | oncerning this matter, please co | all: | |
| | Greg Tuc | ker | at (_321) 266-3609 | |
| | Name o | f Person | | ne Telephone Number |
| Enclose | ed is a check for th | ne following amount: | | |
| \$2.5 | 5.00 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) |
| | Registr | ING ADDRESS: ation Section | STREET/COUR Registration Secti | IER ADDRESS: |
| | Divisio | n of Corporations | Division of Corpo | prations |

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Audio / V | ideo Guys of CFL, LLC | • • • • • • • • • • • • • • • • • • • | |
|--|---|---------------------------------------|-----------------------|
| (Name of the Limited Liabil (A Florid | ity Company as it now appear la Limited Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability (| Company were filed on | 12/21/2016 | and assigned |
| Florida document numberL16000230342 | | | |
| his amendment is submitted to amend the following: | | | |
| L. If amending name, enter the new name of the lim | nited liability company h | ere: | |
| he new name must be distinguishable and contain the words "Lin | nited Liability Company," the | designation "LLC" or the a | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADD | RESS) | | |
| | | | <u>್</u> |
| | | | •: |
| Inter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| 3. If amending the registered agent and/or regis | stered office address on | our records, <u>enter</u> | the name of the |
| egistered agent and/or the new registered office add | <u>iresș here</u> : | | |
| Name of New Registered Agent: | |] | rank Brunn |
| New Registered Office Address: | 407 East N | lew Haven Ave | |
| - | Enter Flor | rida street address | |
| | Melbourne | , Florida | 32901 |
| | City | | 7.ip Code |

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 |
|--------------|----------------|-----------------------|----------------|
| AMBR | John R Woolsey | 624 Evergreen St N.E. | ⊠ Add |
| | | Palm Bay, FL.32907 | Pemove |
| | | - | ☐ Change |
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| Fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicate cument's effective date on the Department of State's records. | (optional) o date of filing or more than 90 days after filing.) Pursuant to 605.020 ble statutory filing requirements, this date will not be listed a |
| record specifies a delayed effective date, but not The 90th day after the record is filed. | an effective time, at 12:01 a.m. on the earlier of |
| ated January, 11 | |
| Signature of a member of author | ized representative of a member |
| • | - |

Page 3 of 3

Filing Fee: \$25.00