2/10000578757

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(DX	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100301231021

07/14/17-+01014-+014 ++25.00

SEORE IMATE CORIDA

FILED

D BRUCE

COVER LETTER

	gistration Sec ision of Corp				
SUBJECT.	TURNED U	P STEREO SALES LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		JUAN CRUZ			
			Name of Person		
			Firm/Company	_	
		2731 BLAIRSTONE RD #	#175		
			Address		
		TALLAHASSEE, FL 3230	01	20 آهرا	
			City/State and Zip Code	2017 JUL	77
		E-mail address: ()		SST I	
For further in	formation co	ncerning this matter, please ca	all:		
JUAN CRU	Z		850 284-4592	2: 2 - 0:000	D
	Name of	Person	Area Code Daytime Telephone	e Number	-
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &

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

TORNED OF STEREO SALES LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Plorida document number L17000078757	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
TURNED UP STEREO SALES AND INSTALLATION LE	LC
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the names here:
Name of New Registered Agent:	HASS.
New Registered Office Address:	
	Enter Florida street address
	City Figrida N Zip 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	THOMAS BATTLE	636 DUNN ST	□ Add
		TALLAHASSEE, FL 32304	■ Remove
			Change
			Remove
			Change
			
		Remove	
			☐ Change
		- AXA	Change Change
		EE FLORIDA	C Change
	· · · · · · · · · · · · · · · · · · ·	>	□ Add
			Remove
			□ Change
			□ Rcmove
			□ Change

				
<u> </u>				
				
				<u> </u>
			-	
				
		<u> </u>		
		LLA!	1 017 ,	-
		ASS	Ę	
		SEC	=	
		بار در. در اس		<u> </u>
		ORI ORI	ửò	O
		——————————————————————————————————————	-2-	
Footing data if ather than the data of City			•	
ffective date, if other than the date of filing:	e of filing or more than 90 c	_ (optiona lays after filir	g.) Pursua	ant to 605,020
ote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	statutory filing requirement	ents, this dat	te will no	ot be listed a
· ·				
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 1	2:01 a.m	. on the	e earlier o
ated				
1 11				
Signature of a member or authorized		_		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00