

417000105254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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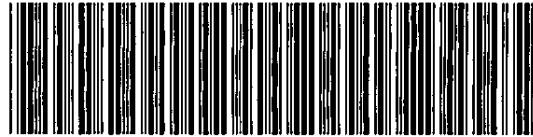
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S Warren

MAY 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XEC ACOUSTICS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM BRUMFIELD

Name of Person

Firm/Company

55 W CHURCH STREET UNIT 3205

Address

ORLANDO, FL. 32801

City/State and Zip Code

XECACOUSTICS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM BRUMFIELD

424 202-2397
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

XEC ACOUSTICS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on MAY 11, 2017 and assigned Florida document number L17000105254.

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 Liability 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)

500 FARMERS MARKET RD

UNIT 15

FORT PIERCE, FL. 34982

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

55 W CHURCH STREET

UNIT 3205

ORLANDO, FL. 32801

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

WILLIAM BRUMFIELD

New Registered Office Address:

55 WEST CHURCH STREET UNIT 3205

Enter Florida street address

ORLANDO

City

Florida 32801

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. 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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM BRUMFIELD	55 WEST CHURCH STREET UNIT 3205	<input checked="" type="checkbox"/> Add
		Orlando, FL 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHANE WHITE	3181 SW FAMBROUGH SE-POB	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE, FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AARON J SMITH		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5/16/17

Signature of a member or authorized representative of a member

William Brumfield
Typed or printed name of signee

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