## 117000137616

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	± #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
#?				

Office Use Only



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K. SALY SEP 1 1 2018



July 23, 2018

MAURICE MCGANN 5727 GARFIELD ST. HOLLYWOOD, FL 33021

SUBJECT: PYREX SOUNDS LLC Ref. Number: L17000137616

We have received your document for PYREX SOUNDS LLC and check(s) totaling \$20.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 418A00015098

Karen A Saly Regulatory Specialist II

## **COVER LETTER**

	gistration Section vision of Corporations		
SHRIF("F-	Pyrex Sounds LLC		
SUBJECT	Name of Lir	nited Liability Company	
The enclose	ed Articles of Amendment and fee(s) are sul	Name of Person  Firm/Company  Address  221  City/State and Zip Code gmail.com  Idress: (to be used for future annual report notification)  Please call:  at (305) 542-6894  Area Code Daytime Telephone Number  Daytime Telephone Number  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Please retur	n all correspondence concerning this matter	r to the following:	
	Maurice McGann		
		Name of Person	<u> </u>
	5727 Garfield Street	Firm/Company	
	5727 Gained Succe	Address	
	Hollywood, FL 33021		
	Reese.Bluehouse@gmail.c	com	V-mi
For further	information concerning this matter, please of	•	(cagon)
Maurice M		a <sub>(</sub> 305) 542-	· 689 6
	Name of Person	Area Code Daytime	: Telephone Number
	a check for the following amount:		
Check " 119 check " 119 zmount of was insuffice Name Change	Filing Fee   \$30.00 Filing Fee & Certificate of Status   Status	Certified Copy	Certificate of Status & Certified Copy (additional copy is enclosed)
Name Change	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerula Tallahassee, Fl. 32.	n ations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

18 SEP -4 AM 2:37

SECRETARY SEE, FLORIDA

PYREX SOUNDS 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 06/26/2017 and assigned Florida document number \_\_\_\_\_L17000137616 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Another Successful Future LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_, Florida \_\_\_\_ City

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 Type of Action <u>Address</u> <u>Title</u> **Name** □ Add □ Remove \_□ Change □ Add ☐ Remove \_ Change \_□ Add ☐ Remove ☐ Change \_□ Remove \_□ Change □ Remove \_□ Change □ Add \_□ Remove \_\_□ Change

f amending ar	y other information, enter change(s) here:	(Attach additional sheets, if necessary.)  18 SEP -4 AM 2  SECRETARY SEE, FLOOR
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		SECRETORISM
_,		TALLAHASSEE, FI OF
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'an effective date Note: If the dat	if other than the date of filing: is listed, the date must be specific and cannot be prior to e inserted in this block does not meet the applical active date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 able statutory filing requirements, this date will not be listed as
e record spe The 90th d	ecifies a delayed effective date, but not ay after the record is filed.	t an effective time, at 12:01 a.m. on the earlier of
ated Ju	ne 25 . 2018	<u> </u>
	11/aii i ce / Câur Signature of a member or author	
-	Signature of a member or author	rized representative of a member
	Maurice McGann Typed or printed	d name of signee

Page 3 of 3

Filing Fee: \$25.00