

Requestor's Name)
Address)
Address)
City/State/Zip/Phone #)
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Business Entity Name)
Document Number)
Certificates of Status
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04/24/24--01007--007 *#25.00

FILED M24 APR 24 PM 12: 2 SECRETARY OF STA

COVER LETTER

то:	Registration Sector Division of Corpo		* *	
SUBJ	ECT:	Sound Name of Limi	BUS ted Liability Company	LLC_
The er	iclosed Articles of Ai	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		<u> </u>	Dusty Ak Name of Person	er Esq.
		AKER	LAW FIRM Firm/Company	P. A.
		3400	S. TAMIAMI	TR. Ste. 101
		SARASO	City/State and Zip Code	39
		dustjaker (Daker lawfus to be used for future annual repo	2M. COM ort notification)
For fu	rther information con	cerning this matter, please ca	all:	
_ =	Name of F	Alker 85g	at (941) L Area Code I	162-2020 Daytime Telephone Number
Enclos	sed is a check for the	following amount:		
Œ \$:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sound	<u>. Bu</u>	45, LLC	n our records)		
(Name of the Limited Li (A F)	lorida Limited Li	ability Company)	\		
The Articles of Organization for this Limited Liabili		vere filed on	17/18	and ass	igned
Florida document number <u>LI 80000148</u>	171				
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liabil	ity company here	:		
HiFi Distribut	ION. L	L C			
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the desig	gnation "LLC" or the a	abbreviation "L	.L.C."
Enter new principal offices address, if applicable	:	SAME_	addres	<u>55</u> ~	
Principal office address MUST BE A STREET A	DDRESS)			2024 APR	
					<u> </u>
Enter new mailing address, if applicable:		SAME	addies	24 34 ARRY OF	
(Mailing address MAY BE A POST OFFICE BOX	<u>v)</u>			ان ج.	
				<u> </u>	
B. If amending the registered agent and/or registagent and/or the new registered office address he		ddress on our reco	ords, <u>enter the na</u>	me of the nev	w registered
Name of New Registered Agent:			ien, D. A	\	
New Registered Office Address: 39	400 S.T	AMIAMITR. Enter Florida	Ste. 101		
	SARAS	OTA	, Florida _	34239	
		City		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, 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
			□Add
			□Remove
			□Change
			☐Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Remove
			□Change
			□Add
			□ Remove
			ПСhange

D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.) E. Effective date, if other than the date of filing: ___ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00

F Dusty AKER Esq. Typed or printed name of signee'