# 18000/6506

(Requestor's Name)
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## **COVER LETTER**

T		stration Sec sion of Corp			
Ç1	BJECT:	Guanxi Aud	io LLC		
30	bjeci.		Name of Limi	ted Liability Company	
Th	e enclosed.	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Ple	ase return a	all correspon	dence concerning this matter t	to the following:	
			Carlos A Blanco		
				Name of Person	<del>-</del>
				Firm/Company	
			1234 Golden Cane Dr.		
				Address	
			Weston/Florida/33327		
				City/State and Zip Code	
			investartenterprises@gma		
			E-mail address: (to	o be used for future annual report not	ification)
For	r further inf	ormation cor	ncerning this matter, please ca	II:	
Ca	arlos A Bla	nco		954 850-5855	
		Name of I	Person	at () Area Code Daytin	ne Telephone Number
En	closed is a c	check for the	following amount:		
	\$25.00 Fil	ing 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)

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

Guanxi Audio LLC	
(Name of the Limited Liah (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 01/18/2018 and assigned
Florida document number L18000016506	·
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
Guanxi Musik LLC	
The new name must be distinguishable and contain the words "L	mited Liability Company," the designation "LLC" or the article jation "L.L.C.
Enter new principal offices address, if applicable:	
<u>Principal office address MUST BE A STREET ADL</u>	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or reg	istered office address on our records, enter the name of the nev
egistered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	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, <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		
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ective date, if other	than the date of filing:		(0	ptional)
effective date is listed, i	he date must be specific and co	annot be prior to date o	filling or more than 90 days:	after filing.) Pursuant to 605.02
<u>te:</u> If the date inserted	a in this block does not me e on the Department of Sta	et the applicable stat	utory tiling requirements.	this date will not be listed
ument's criective dat	e on the Department of Sta	ite s records.		
record specifies a	delayed effective da	te hut not an ef	fective time lat 12:0	1 a.m. on the earlier
he 90th day after	the record is filed.	ce, but not an er	receive time, at 12.0	of a.m. on the camer
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	- weller	Laure	<u> </u>	
	Signature of a me	mber or authorized rep	resentative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00