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COVER LETTER

TO:	Registration Se Division of Cor						
		OUND MOVEMENT LLC					
SUBJECT:Name of Limited Liability Company							
		Amendment and fee(s) are sub-	-				
ricase	return un cortespo	GREGG LARIVEE					
			Name of Person				
		LASER SOUND MOVEN	MENT LLC				
		·····	Firm/Company				
		920 W INDIANTOWN RE	D STE 107				
		JUPITER FL 33458	Address	· · · · · · · · · · · · · · · · · · ·			
		glarivee12@gmail.com	City/State and Zip Code				
		E-mail address: ()	to be used for future annual report notifi	cation)			
For fur	ther information co	oncerning this matter, please ca	ill:				
GREC	G LARIVEE		561 929-7049				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclos	ed is a check for th	e following amount:					
E \$2	5.00 Filing 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

LASER SOUND MOVEMENT 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 04/23/2018 ____ and assigned Florida document number L18000100579 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.1, C." 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

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> CANARELLI, VICTORIA L	Address 12631 174TH CT N, JUPITER	Type of Action
MGR	CANARELLI, VICTORIA L	FL 33478	
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-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary)	_	
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Effect	ive date, if other than the date of filing: (optional) fective 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 6	05.0207 (3) (b)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be linent's effective date on the Department of State's records.	sted as t	he
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	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ear 90 th day after the record is filed.	lier of:	
D-114	08/17/18		
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	Signature of a member or authorized representative of a member		
	Typed or primed name of signee		

Page 3 of 3

Filing Fee: \$25.00