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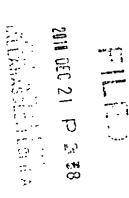
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI		AUDIO & VISUAL EXPERIE	ENCE LLC	
5000		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	retum all correspo	ondence concerning this matter	to the following:	
		MARSHA SIHA		
			Name of Person	***
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249 S	STE 220	
			Address	
		HOUSTON, TX 77064		
		EFILE1234@INCFILE.CO	City/State and Zip Code M	
		E-mail address: (to be used for future annual report not	tification)
For fur	ther information c	oncerning this matter, please ca	ill:	
MARS	SHA SIHA		855 829-9090 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclos	ed is a check for t	he following amount:		
\$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

RADICAL AUDIO & VISUAL EXPERIENCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) इ<mark>तिर</mark>्वे assigned Florida document number L18000244781 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) 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>	Address	Type of Action
AMBR	BRANDON ROSADO	1524 SILVERSTONE AVE	
		ORLANDO, FL 32806	
		OKLANDO, PL 32300	Remove
			Change
			Add
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the content of the date in the document of the date of the d	must be specific and cannot be shock does not meet the	applicable statutory.	filing requirements, this dat	g.) Pursuant to 605.0207 (3)(
f the record specifies a dela b) The 90th day after the		ut not an effectiv	ve time, at 12:01 a.m	on the earlier of:
Dated DECEMBER 11	2018			
Holder	1 Funes Signature of a member of	•		
		n authorized represent	mve or a member	
HOLDEN FURNE		r printed name of signe		<u> </u>

Page 3 of 3

Filing Fee: \$25.00