

118000286168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

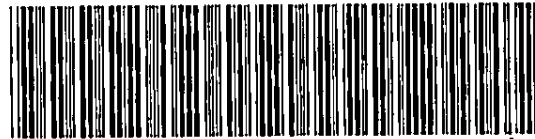
(Business Entity Name)

(Document Number)

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01/22/19--01016--004 \*\*\*25.00

STATE  
TALLAHASSEE, FL

2019 JAN 22 AM 11:45

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Headphone Fiesta LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex Morales

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

9605 NW 66 ST

\_\_\_\_\_  
Address

TAMARAC, FL 33321

\_\_\_\_\_  
City/State and Zip Code

headphonefiesta@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Morales

954

900-6545

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

**FILED**

Headphone Fiesta LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

2019 JAN 22 AM 11:45

CLERK OF THE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/13/2018 and assigned  
Florida document number L18000286168.

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

*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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Morales, Alex		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		9605 NW 66 ST TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change
MGRM	Frost, Spencer		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2508 NE 17TH TER WILTON MANORS, FL 33305	<input checked="" type="checkbox"/> Change
MGRM	BEST RESULTS GROUP LLC		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3837 N ANDREWS AVE OAKLAND PARK, FL 33309	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

We only need to change the titles from AR to MGRM for each of the members.

[illegible]

(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)

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.

Dated January 18th 2018

January 18th \_\_\_\_\_ 2018

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Spencer Frost

Typed or printed name of signee