## L190000015574

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## **COVER LETTER**

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Division of Corpo	rations		
UBJЕСТ:	Aero Audio	, LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
·		_	
	11:61	s f. Melvin T	立
		Name of Person	
		Firm/Company	<del> </del>
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	F-mail address: tt	o be used for future annual report not	itication)
			,
For further information cor	icerning this matter, please ca		
1 /1/1/3 M	ellin		
Name of I	Person	Area Code Daytin	ne Telephone Number
	•		
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
-	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

O:

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

Aeco A	voto, LLC
Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L190001557</u>	oility Company were filed on and assigned and assigned
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
$\Lambda\Lambda$ $\Gamma$ $\Gamma$ $\Gamma$	2 2 11 6
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	OX)
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of the ne
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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added r removed from our records:

AGR = Manager AMBR = Authorized Member

<u>l'itle</u>	Name	Address	Type of Action
			□ Remove
			□ Change
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			Remove
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:	207 (3)(b) as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	7/26/19	
	Signature of a member or authorized representative of a member	
	Will's Furth Milian III  Typed or printed name of signee	

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Filing Fee: \$25.00