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COVER LETTER

T & A CUSTOM AUDIO LLC SUBJECT: 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: JUAN CRUZ Name of Person Firm/Company 3780 PEDDIE DR Address TALLAHASSEE, FL 32303 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 850 JUAN CRUZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$55.00 Filing Fee & □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

TURNED UP STEREU S LLC		
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L19000040059	ompany were filed on FEBRUARY 8. 2019	and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limit	ted liability company here:	
T & A CUSTOM AUDIO LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		2015 SEC
Enter new mailing address, if applicable:		SECRETARI
(Mailing address MAY BE A POST OFFICE BOX)		
		Til.
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, <u>enter</u> ess here:	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	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>	Type of Action
	KANDY COX	3780 PEDDIE DR	
MGR			_ Add
		TALAHASSEE, FL 32303	
			☐ Remove
			LI Remove
			_
			□ Change
MGR	MICHAEL GRIMES	3780 PEDDIE DR	
		TALLAHASSEE, FL 32303	
			□ Remove
			Change
	ASHLEY ALICEA	3780 PEDDIE DR	Change
MGR	ASHLET ALICEA	3700 PEDDIE DR	
			Add
		TALLAHASSEE. FL 32303	
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Effective date, if other that fan effective date is listed, the da Note: If the date inserted in the document's effective date on	his block does not meet th	ie applicable statuti	ling or more than 90 day ory filing requirement	optional) s after filing.) Pursuant to 60 s, this date will not be lis	15.0207 (sted as t
ne record specifies a del The 90th day after the		but not an effe	ctive time, at 12:	01 a.m. on the earli	ier of
JULY 10 Dated	201	19			
Jaicu	1 11	· ·			

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Typed or printed name of signee

Filing Fee: \$25.00