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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT:			
	· · · · · · · · · · · · · · · · · · ·	×ame of Lim	ited Liability Company	
The enc	losed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		Mario El	Delgodo	
		Au Dia Bout	10000	
		,	Firm/Company	
		842 lundmax	K Hills Dr Hai	nes city Fl 33844
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		1991Mazdo Hat E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	ncerning this matter, please ca	all:	
Ma	V. o Pelgas Name of	Person	at (<u>386</u>) <u>801 - 7</u> 0 Area Code Daytimo	: Telephone Number
Enclose	d is a check for the	e following amount:		
ष्ट्र \$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 ARTICLES OF ORGANIZATION OF

- Audio Bourique 2 CC	<u>-C</u>
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 1900060 443</u> .	
Florida document number <u>L 190000 943</u> .	***
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	842 Landmark Hills dr Hounes City FC 33844
(Principal office address MUST BE A STREET ADDRESS)	Horines City FC 33844
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
maning duaress mail DEATOST OFFICE MOA	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent: Mario 8	E Delgado Jimmenez
New Registered Office Address: 842 Lo	Enter Florida street address
Haines	Enter Florida street address City Florida 33844 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 A	Authorized Person(s) authorized to man our records:	age, enter the title, name, and address of each	person being added
MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MAR	Jaylen A Mieves	2727 Frontage 18 unit 20 Davenport, FC.33837	<u>3</u> □ Add
		Davenport, FC-33837	Remove
			Change
			🗆 Add
			□ Remove
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an ef ote:	tive date, if other than the date of filing: Sune 13, 2019 (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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date nent's effective date on the Department of State's records.	g.) Pursuant to 605,020
re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.	on the earlier o
	and the second s	
ated	June 12 . 2019. More Ellogol Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00