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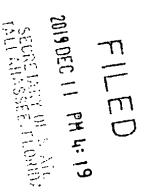
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Amend

JAN 1 4 2020 I ALBRITTON COVER DETTER

Registration Section Division of Corporations

:cт:	obby Sox >	Tovompate And .	Audio LLC
, , , , , , , , , , , , , , , , , , ,	Name of Limit	ed Liability Company	
closed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
return all correspor	ndence concerning this matter to	o the following:	
	Jeon	Name of Person	
	Bothy So	Firm/Company	Lod Ludio Lhe
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sed is a check for the	he 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 Addres Registration	Section Torporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tellahassee.			Sp Street Spire 210
		, unlanasisce, ni	J 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOBBYSOX MOVEMENTS AND AUDIO LLC

Articles of Organization for this Limited Liability Company	were filed on Tuly 9 2019 and assigned
**Registered Agent: Signature, if changing Registered Agent: New Registered Agent: Signature, if changing Registered Agent: **Registered Agent's Signature, if changing Registered Agent: **Registered Agent's Signature, if changing Registered Agent: **Proby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is uppar has been notified in writing of this change.	
Articles of Organization for this Limited Liability Company were filed on Tuy 9 2019 and assigned rida document number 1900/172025 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". The new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: oiling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida Zip Code v Registered Agent's Signature, if changing Registered Agent: creeby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	
If amending name, enter the new name of the limited liab	ility company here:
new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
• •	
incipal office address MOST BE A STREET ADDRESS)	28 5 7
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	
	address on our records, <u>enter the name of the new registered</u>
ent 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
v Registered Agent's Signature, if changing Registered Agent:	
evisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as p ng filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605. F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

GR = Manager 4BR = Authorized Member

: <u>le</u>	<u>Name</u>	Address	Type of Action
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mendi	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
:: [f t	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.02 at date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.	207 as
filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
d	Dean fee 5 . Do 19. Dean Signature of a member or authorized representative of a member Acrop Goldon Typed or printed name of signee	
	Signature of a member or authorized representative of a member	
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