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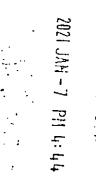
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S. YOUNG

## **COVER LETTER**

TO:

FO: Registration Section Division of Corpor		_	
SUBJECT: +00	GG SOUND	DJ Enlerton	ment LCC
SUBJECT:		ted Liability Company	
	,	witend for Glina	
The enclosed Articles of Air	endment and fee(s) are subr	nated for thing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	John-	T. FINNEGO	AIV
	F066 S	Name of Person  Sound DJ Su	les tainment (CC
		Firm/Company  Good pastu  Address	
	Brade	Address V	34211
	Fogg Soc	City/State and Zip Code  No hother  to be used for future annual report noti	fication)
For further information cond	cerning this matter, please ca	all:	
Jan Name of Po	MN PGAM	at (S60) Area Code Daytim	e 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:		Street Address:	.•
Registration Se		Registration Se Division of Co	
Division of Cor P.O. Box 6327	porations	The Centre of	· ·
Tallahassee, FL	. 32314		e Street, Suite 810
		Tallahassee, Fl	_ 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number 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 "LLC." 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:

## 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

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