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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Cystom Audio Visual Solutions L.L.C. 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:	
Carchell V. Hudson Name of Person	
Custom Audio Visual Solutions L.L.C.	
3253 NW 118 th Dr.	
Coral Springs FL. 33065 City/State and Zip Code	3
avhasna 9 mail. com  E-mail address: (to be used for future annual report notification)	ON KER -9
For further information concerning this matter, please call:	<b>유</b> 전환
Cardwell V. Hudson at (954) 405 - 1169 Name of Person Area Code Daytime Telephone Number	3 -9 PM 2: 29
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations	
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Custom Audio Visual S  (Name of the Limited Liability Comp. (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 10/14/19 and assigned
	were fried on and assigned
Florida document number <u>L19000257306</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3253 118 th Dr.
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs FL . 33065
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3253 NW 118th Dr. Coral Springs FL. 33065
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
	( .
Name of New Registered Agent:	NIA
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 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>	Address	Type of Action
AMBR	Shatara T. Hudso	on	□Add
		6841 500 7th PL. N. Lauderdal FL 33068	e     Remove
			□Change
AMBR	Cardwell V. Hudson	3253 NW 118th Dr. Coral Springs FC 33065	_ MAdd
		, 3	Remove
	and the second s		□Change
4GR	Cardwell V. Hudson	<del>-664</del>	□Add
		6841 SW 7th place N. Laude FL 33068	rdale _Demove
			□Change
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			□Remove
			□Change
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`an effect <u>Vote:</u> - If	tive date is listed, Tthe date inserte		specific and does not me	cannot be price eet the appli	or to date of filin cable statutor	ng or more than 9		) Pursuant to 605.020 will not be listed a
record : Lis filed		yed effective da	te, but not a	in effective	time, at 12:01	a.m. on the ea	rlier of: (b) Th	e 90th day after the
rated <u>h</u>	March	2,	18	2020				
		سينك	ature di a m	ember or aut	horized represe	ntative of a mem	ber	