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SEP 1 8 2020 S. YOUNG

COVER LETTER

то:	Registration Section Division of Corporation			
SUBJI	ECT:A	J'S Audio &	Visual LLC d Liability Company	
			-	
The en	closed Articles of An	nendment and fee(s) are submi	itted for filing.	
Please	return all correspond	ence concerning this matter to	the following:	
		Albert	JONES Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	j ,
		725 nu	52 nd: 5+. Address	<u> </u>
		Miami, FL	33127 City/State and Zip Code	
		AL 1912.3 E-mail address: (to	be used for future annual report notif	cation)
For fu	ther information con	cerning this matter, please cal	l:	
	Albert J Name of P	on Es erson	at (786) 4-2 Area Code Daytimo	7-1687 Telephone Number
Enclos	sed is a check for the	following amount:		
5 \$2	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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahasses, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

703

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our red a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability (Company were filed on	and assigned
Florida document number	·	·
This amendment is submitted to amend the following:		9
A. If amending name, enter the new name of the lim	sited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "l	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		···
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	Iress
	,	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> Δ	Address	Type of Action
MER	A. Albert Jones	725 nw 52nd st migmi, Fb. 33127	DAdd
		41-21-21-21-21-21-21-21-21-21-21-21-21-21	□Remove
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			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effection and an effective filler in the effective	ve date, if other than the date of filing: (optional) cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
record I is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	July 24 , 2020.
	Signature of a member of authorized representative of a member