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| Special Instructions to Filing Officer: |
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| TO; | Registration Division of C | i Section Corporations | ب | ï | | M* | | |
|---|--|-------------------------------------|---|-------------------------------|----------------------|----------------|---|--|
| | | COUSTICS LLC | | • | | | | |
| SUBJE | ECT: | Name of Lin | nited Liability Company | · | | | | |
| The end | closed Articles | of Amendment and fee(s) are sub- | omitted for filing. | | | | | |
| Please | return all corre | spondence concerning this matter | to the following: | | | | | |
| | | BENJAMIN KORRAY | | | | | | |
| | | | Name of Person | - | | - | | |
| | | KORRAY LAW LLC | | | | | | |
| | | | Firm/Company | | | 2020 S | | |
| | | 973 NE 95TH STREET | | | | DEC | _ | |
| Address | | | | - 16 | I | | | |
| MIAMI SHORES, FL 33138 City/State and Zip Code | | | | | | 60 P | | |
| | | | | | 2020 DEC 16 PH 2: 40 | į | | |
| | BENJAMIN@KORRAYLAW.COM E-mail address: (to be used for future annual report notification) | | | | | | | |
| P | de (e | | | пиат терогі поппіс | ation1 | | | |
| | | on concerning this matter, please c | :a11: | | | | | |
| BENJAMIN KORRAY | | 646 at () | 838-1374 | | | | | |
| | Nan | ne of Person | Area Code | Daytime ' | l'elephone Number | ŕ | | |
| Enclose | ed is a check fe | or the following amount: | | | | | | |
| ☐ \$25.00 Filing Fee | | | (additional copy is enclosed) Certified | | | te of Status & | | |
| | Mailing Add Registratio | n Section | Reg | et Address: istration Sect | | | | |
| | Division o P.O. Box 6 | f Corporations 5327 | | sion of Corpe Centre of Ta | | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | <u>iny as it now appears on our reco</u> Liability Company) | <u>ords.</u>) | |
|---|---|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number L20000129969 | and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| WUUL ACOUSTICS LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "Ll | LC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | w principal offices address, if applicable: 6930 NE 95TH STREET | | |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI, FL 33138 | 2021 | |
| | | | |
| | | C | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | CO P | |
| | | 27 2:) | |
| | | - E 6 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>ent</u> o | er the name of the new register | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address, Florida City Zap Code | | |
| | | | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agr | ee to act in this capacity. L | further agree to comply with | |
| provisions of all statutes relative to the proper and complete | | and I am familiar with and 5, 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

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
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| he record | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d. | | |
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Filing Fee: \$25.00