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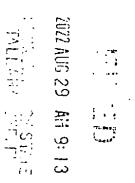
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Office Use Only



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A. BUTLER
DEC - 3 2022

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

0+15 111 (1/1)	Audio LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Melanic Hockel		
		Name of Person	
	Media Tech Creations LLC		
		Firm/Company	
	2064 Frogmore Dr		
	. =	Address	***************************************
	Middleburg FL 32068		
		City/State and Zip Code	
	melaniehoekel@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Melanie Hoekel		813 967-1384	
Name o	i Person	at () Area Code Daytime	Telephone Number
Enclosed 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)
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Sec	
Division of C	Corporations	Division of Coη	porations

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fil ED

Florida Car Audio LLC

2022 AUG 29 AH 9: 1:

(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 $\frac{01/07/2021}{1}$ and assigned Florida document number 1.21000020088 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Media Tech Creations LLC 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: Enter Florida street 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.

City

If Changing Registered Agent, Signature of New Registered Agent

__, Florida __

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
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			⊒Add
			□Remove
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ective date, if other than the deffective date is listed, the date must	be specific and cannot be p	prior to date of filing or	more than 90 days after fil	ing.) Pursuant to 605.020
e: If the date inserted in this bloc ument's effective date on the Dep			ing requirements, this o	ate will not be fisted :
cord specifies a delayed effective	date, but not an effective	ve time, at 12:01 a.m	i. on the earlier of: (b)	The 90th day after th
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Filing Fee: \$25.00

Typed or printed name of signee