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COVER LETTER

In	terstellar	Audio Machines ، ـــر		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	rticles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return ali	i corresp	ondence concerning this matter	to the following:	
		Eric Bice		
			Name of Person	
		Interstellar Audio Machine	s,LLC	
			Firm/Company	
		1547 Applewood Way		
			Address	
		Tallahassee, FL 32312		
			City/State and Zip Code	
		eric@interstellaraudiomachi	nes.com to be used for future annual report n	untification)
For further info	rmation (concerning this matter, please or	•	outloan)
Eric Bice		J ,,	727 455-4035 at ()	
	Name o	of Person		time Telephone Number
Enclosed is a ch	eck for t	he following amount:		-2
□ \$25.00 Filir		\$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)
	g Addre tration	ss: Section	Street Address: Registration S	Section
Divisi	ion of C	Corporations	Division of C	orporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Interstellar Audio Machines, CC			
(Name of the Limited Liab) (A Flori	lity Company as it now appear da Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on 04/	12/2021	and assigned
Florida document number L21000169501	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	re:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the de	esignation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
			
Enton now welling address if any localise			
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:	ed office address on our re	cords, enter the n	ame of the new registered
agous and or the new registered unite address here.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	2 0
		, Florida	22
Non-Bodes and A. (1.6)	City		Zip Code
New Registered Agent's Signature, if changing Registers			12 0
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of i agent as provided for in Ci red office address, I hereby	my duties, and I a hapter 605, F.S. C	n familiar with and Or, if this document is

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>	<u>Name</u>	Address	Type of Action
MGR	Brandon W. Ruck	15050 HIGHFIELD RD BROOKSVILLE, FL 34609	□Add
			ÉRemove
			_ Change
			□Add
			Remove
			_ Change
			_ 🗆 Add
			Remove
			Change
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Tective date, if other than the o	tate of filing: be specific and cannot be prior t	o date of filing or more than 9	(optional)) days after filing.) Pursuant to 605.020
an entereste danc la libital, line danc linust	ck does not meet the applica	ble statutory filing require	nents, this date will not be listed as
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ote: If the date inserted in this bloocument's effective date on the Department of t	date, but not an effective tin		