## 421000209367

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## **COVER LETTER**

TO: Registration Se Division of Cor		·		
SUBJECT: SOUND ZO	ONE TRADE  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:		
	OLENA MYROSHNYK			
		Name of Person		
	SOUND ZONE TRADE L	LC		
		Firm/Company		<b>.</b>
	3253 JUSTINA RD APT 8			171SI 22 A
		Address		- 90 - 80
	JACKSONVILLE FLORII	DA 32277		- <b> </b>
	elen.miroshnik@gmail.co	City/State and Zip Code m		22 AUG 10 AM 10: 44
	E-mail address: (	to be used for future annual report notif	ication)	# H H H H H H H H H H H H H H H H H H H
For further information c	oncerning this matter, please co	all:		٠
OUFNA MYROSHNYK		at (631 ) 748-3273		
Name o	f Person	Area Code Daytime	Telephone Number	
finelosed is a check for t	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 radditional copy is enclo	
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	ction	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

SOUND ZONE TRADE LLC (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 \_\_\_\_\_ and assigned Florida document number 1.21000209367 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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.

\_\_. 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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