121000216508

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
_		
PICK-UP	MAIT	MAIL
—————(Bu	siness Entity Nar	me)
	cument Number)	
Certified Copies	_ Certificates	s of Status
		
Special Instructions to I	Filing Officer:	
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		7/21/21
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21 JUN 29 PH 3: 16

COVER LETTER

TO:	Registration Section Division of Corporation				
SUBJE	СТ:	Audio 1	Plug Entertainment of Limited Liability Company	LLC 2021 JUH 22 PM 3:2	රි
The enc	losed Articles of Ame	endment and fee(s) a	re submitted for filing,		
Please r	eturn all corresponder	nce concerning this n	natter to the following:		
	-	Sa	an Johnson Name of Person		
	-	f	Audio Plug Entertain	ment LLC	
	-	3400	NW 50TH Ave Apt Address	A 206	•
	-	Lauden	City/State and Zip Code	<u> </u>	
	-	E-mail add	A IUE AP 23 Q amail. con	notification)	
or furth	er information conce	rning this matter, ple	ease call:		
	Sean Johns Name of Pers	ON Con		3517	
inclosed	Lis a check for the fol	lowing amount:			
E \$2 5.	00 Filing Fee	l \$30.00 Filing Fee & Certificate of Stati		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address: Registration Secti	on	Street Address Registration		

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

were filed on and assigned	
lity company here:	
ity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
3400 NW 50 TH AVE Apt A 200	
Lauderdale Lakes Fl 33319	
	stered
	ility company here: ity Company," the designation "LLC" or the abbreviation "L.L.C." 3400 NW 50 TH & Je Apt A 200 Lauderdale Lakes Fl 33319 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

, 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		Control of Carrier		
Title	Name	Address 21 JUH 29 PH 3: 16 3400 NW 50TH AVE APT A206	Type of Action	
AMBR	Sean Johnson	Lauderdale Lakes FL 33319	□Add	
			□Remove	
			Dehange	
			🖸 Add	
			□ Remove	
			Change	
<u> </u>			□Add	
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	21 JUN 29 PH 3: 16
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(If an ef Note:	ive date, if other than the date of filing:
he recoi ord is fi	d 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 led.
Dated	
	Signature of a prember or authorized representative of a member
	S. Thurston
	Sean Johnson Typed or printed name of signee