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| (Address) (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 08/16/2021 | | | ⇔WALK IN* |
|--|---|------------------------------|-------------|
| ENTITY NAME World Fa | imous Sound LLC | | |
| DOCUMENT NUMBER_ | | | |
| | **PLEASE FILE THE ATT | TACHED AND RETURN** | |
| xxxxx | Plain Copy Certified Copy | | |
| | Certificate of Status | | |
| *************************************** | L EASE OBTAIN THE FOLLOW Certified Copy of Arts & Am Certificate of Good Standing | IING FOR THE ABOVE ENTITY** | |
| | **APOSTILLE' / NOTA | RIAL CERTIFICATION** | |
| COUNTRY OF DESTINATI NUMBER OF CERTIFICAT | | | |
| TOTAL OWED \$25.00 | | ACCOUNT #: 1201600000 |)72 |
| Please call Tina at th | c above number for any is | esues or concerns. Thank you | so much! |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| any as it now appears on our recor Liability Company) | <u>ds.</u>) |
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| were filed on | and assigned |
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| oility company here: | |
| ility Company," the designation "I.I.C | C" or the abbreviation "L.L.C." |
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| North Miami, FL 33161 | 721 / |
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| address on our records, <u>enter</u> | the name of the new regist |
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| Enton Elouida atacar alla | 100 |
| | |
| | lorida Zip Code |
| | Dility company here: Thity Company," the designation "LLG 12355 ne 13th ave #405 North Miami, FL 33161 12355 ne 13th ave #405 North Miami, FL 33161 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.

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 |
|--------------|-----------------------|--------------------------|--|
| AMBR | Renzo Gonzales | 14040 Biscayne Boulevard | □Add |
| | | #401 | □Remove |
| | North Miami, FL 33181 | North Miami, FL 33181 | ■ Change |
| AMBR | Nicolas Londono | 19950. NW 62nd Ave | = Add |
| | | Hialeah, FL 33015 | |
| | | | Change |
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| If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after red is filed. Dated August 16th 2021 | | | | | |
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| Dated,, | rd is filed. | | | | |
| Jated,, | August 16th | 2021 | | | |
| /s/ Renzo Gonzales Signature of a member or authorized representative of a member | Dated | · · · · · · · · · · · · · · · · · · · | | | |
| Signature of a member or authorized representative of a member | | /s/ Renzo Gonzale.s | | | |
| | | Signature of a member or authorized rep | resentative of a member | | |
| | Renzo Gonzales | Typed or printed name of | Animas | | |

Filing Fee: \$25.00