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2021 JUL 21 AM IO: 19 SECRETARY OF STATE TALLAHASSEE, FI

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Solh Sou	inds LLC	<u></u>
	Name of Limit	led Liability Company	
The enclosed Anicles of A	Amendment and fee(s) are subm	nitted for filing	
Please return all correspor	idence concerning this matter t	o the following:	
	Sh	ayan Imani	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Name of Person	
		Firm/Company	
	7710		
		Matera Drive	
	Saint	Cloud FL 347	71
		City/State and Zip Code	
	Solly	Sounds @ 9Mail.	
For further information co	oncerning this matter, please ca		,
Shayan Name of	Imani	at (407 ) 373 -	3037 e Telephone Number
Name of	retson	Alea Code Dayum	, cicpione values
Enclosed is a check for th	c 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)

Mailing Address:

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

Street Address:

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

## ATICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

soln Sounds L	LC
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company wer	c filed on 06/22/2021 and assigned
Florida document number	
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 C	ompany," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	AR 2 7
(Principal office address MUST BE A STREET ADDRESS)	N mess
<u> </u>	27
	50 F
Enter new mailing address, if applicable:	
(Mailing address MAY BE A PCST OFFICE BOX)	iti 9
·	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
!	Enter Florida street address
	Florida
	Tity Zip Code

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 juriner agree to comply with its 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: Title Name **Type of Action** 2729 Matera Drive □ Change 2729 Motern Drive □ Change  $\square$  Add Remove Remove □ Change  $\square$ Add □Remove. \_ □Change  $\square$ Add □ Remove

□ Change

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