L21 000 295 304

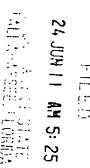
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COVER LETTER

Division of Corporations
SUBJECT: Easy Going Records and Hi Fi LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Crais R Hanson Name of Person
Easy Going Records and H. F. IIc
11 Palafox PISTE E Address
Pensacola F1 32502 City/State and Zip Code
Fasyaging records flog moul, com E-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
Crais R Hanson at Son Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\to\$ \$30.00 Filing Fee & \$\to\$ \$55.00 Filing Fee & \$\to\$ \$60.00 Filing Fee, \$\to\$ Certificate of Status \$\to\$ Certified Copy (additional copy is enclosed) \$\to\$ Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Easy Going Records of Name of the Limited Liability Company (A Florida Limited I.)	and H; F; IIc
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000 295304</u> .	were filed on $\frac{6/25/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11 Palafox PI Ste E E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11 Palafox PI Ste E 500 55 Pensacola FI 32502
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
· · ·	Enter Florida street address City Hanson 7 Florida 32502 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 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 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	Tommy R Bodkins	1305 Elloyalst	
		Pensacola Fl 32503	Remove
			□Change
MGR	Craig R Hanson	1821 WPine St	jşivad
		Pensacola F132502	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			🗆 Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
			🗆 Remove
			□lChange

Page 2 of 3

). If a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an <u>Not</u>	ctive date, if other than the date of filing:
If the r (b) Ti	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	d by the terms of
	Signature of a member or authorized representative of a member
	Typed or printed name of signée

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