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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED OF SOUNDDROP LLC

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COVER LETTER

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SUBJE		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for liling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	4-414
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendate, CA 91203		
			City/State and Zip Code	
		ccmp7784@gmail.com		
		h-mail address: (to be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please co	all:	
Cheyer	ine Moseley		800 773-0888 at ()	
	Name of			Telephone Number
Enclose	d is a check for th	e 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From: Mohd Afzal

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
CHAKA TAKO TEKNO, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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:
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Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Enter Florida street address Florida City Cit
City Florida Top Code C
New Registered Agent's Signature, it changing Registered Agents
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

To: . Page: 05 of 26 2024-01-25 15:39:23 PST 13233890552 From: Mohd Afzal

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	Address	Type of Action
			
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ffective d	ate, if other than the date o	of filing:	(optional)	
an effective	date is listed, the date must be spec	cific and cannot be prior to date of	(optional) filing or more than 90 days after filing.) Pursuant to 60	5.0207
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e record	specifies a delayed effec	tive date, but not an ef	fective time, at 12:01 a.m. on the ear	ier of
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_	Signatu	ere of a member or authorized rep	resentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00