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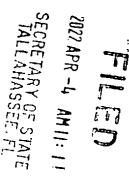
(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Q. SILAS
APR 2 3 2022

Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: <u>N√(</u>	1 Audio Visual	LLC	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Yania mono</u>	Yayo Preza	
		Name of Person	
	<u> </u>		
		Firm/Company	
	2130 IRONSTO	ME DR W	
		FL 31246 City/State and Zip Code	
	Vania - Morte E-mail address: (ayo & Yahoo Com	cation)
For further information c	oncerning this matter, please ca	nil:	
Vania monocia Name o	IV SYPLO	at (OD4) 221 - L Area Code Daytime	1509 Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration Sect	
Division of C	orporations	Division of Corpo	orations

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

FILED

	2022 APR -4 AMII: 11
(Name of the Limited Li	ability Company as it now appears on our Februaria TARY OF STATE lorida Limited Liability Company) TALLAHASSEE, FI
	ity Company were filed on 3/3/2022 and assigned
Florida document number <u>L 2 2 00 D 11 7 4 6 D</u>	·
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
aiu	
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:	: \\]A
(Principal office address MUST BE A STREET AL	DDRESS)
Enter new mailing address, if applicable:	# / I \
(Mailing address MAY BE A POST OFFICE BOX	1
B. If amending the registered agent and/or regist agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:
provisions of all statutes relative to the proper an accept the obligations of my position as registere	ent and agree to act in this capacity. I further agree to comply with to ad complete performance of my duties, and I am familiar with and ad agent as provided for in Chapter 605, F.S. Or, if this document is stered office address, I hereby confirm that the limited liability age.
	$\mathcal{A} \mid \mathcal{A}$

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
m <u>GR</u>	Vania Moneayo	2230 IRMStone DR W.	Z ÍAdd
		JACKSONVILLE FL 32246	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			🗆 Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change

Note:	tive date, if other than the date of filing: 3/3/2 D22 (optional) fective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco d is f	rd 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 fled.
Dated	March 30 all your formation of a member of a member of a member of a member
	Trace Mijo / Hamistango
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00