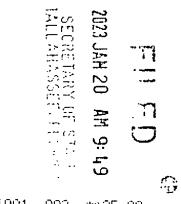
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| PICK-UP WAIT MAIL                              |
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| ed Copies Certificates of Status               |
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| cial Instructions to Filing Officer:  J. HORNE |
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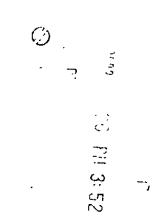
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# CORPORATE ACCESS, \_\_\_\_

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## **WALK IN**

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#### CUVER LETTER

):

Registration Section
Division of Corporations

Beyond All The Noise LLC BJECT: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: David L. Paul Name of Person DLP Law, PLLC Firm/Company 3785 NW 82nd Ave, STE 117 Address Miami, FL 33166 City/State and Zip Code david@dlplawpllc.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: vid L. Paul 305 908-8690 Name of Person Daytime Telephone Number Area Code closed is a check for the following amount: S25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ign Envelope ID: GBFB6EA9-6239-4DE8-89BF-F4E930BD76A5

### ARTICLES OF AMENDMENT

#### TO ARTICLES OF ORGANIZATION **OF**

F11 ED 2023 JAN 20 AM 9: 45

Beyond All The Noise LLC

Noise LLC

(Name of the Limited Liability Company as it now appears on our records: YEASTER FOR SECURITARY OF SECU

| e Articles of Organization for this Limited I<br>orida document number <u>L22000294183</u> |                          | rere filed on 06/29/2022       | and assigned                         |
|--|--------------------------|--------------------------------|--------------------------------------|
| is amendment is submitted to amend the fol   | llowing:                 |                                |                                      |
| If amending name, enter the new name   | of the limited liabili   | ty company here:               |                                      |
| enew name must be distinguishable and contain the  | words "Limited Liability | Company," the designation      | "LLC" or the abbreviation "L.L.C."   |
| ter new principal offices address, if appli  | icable:                  | ·                              |                                      |
| rincipal office address MUST BE A STRE   | ET ADDRESS)              |                                |                                      |
|  |                          | _                              |                                      |
| ter new mailing address, if applicable:  |                          |                                |                                      |
| ailing address MAY BE A POST OFFICE  | E BOX)                   | <del>-</del>                   | <u>-</u>                             |
|  |                          |                                |                                      |
| If amending the registered agent and/or ent and/or the new registered office addre         |                          | dress on our records, <u>s</u> | enter the name of the new registered |
| Name of New Registered Agent:  | DLP Law, PLLC            |                                | <del></del>                          |
| New Registered Office Address:   | 3785 NW 82nd A           | ve, STE 117                    |                                      |
|  |                          | Enter Florida street e         | nddress                              |
|  | Miami                    | _                              | _, Florida <u>33166</u>              |
|  |                          | City                           | Zip Code                             |
| w Registered Agent's Signature, if changing  | Registered Agent:        |                                |                                      |

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability npany has been notified in writing of this change.

David L. Paul

If Changing Registered Agent, Signature of New Registered Agent

Sign Envelope ID: GBFB6EA9-6239-4DE8-89BF-F4E930BD76A5 amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager .MBR = Authorized Member

| <u>itle</u> | Name                   | Address                                      | Type of Action |
|-------------|------------------------|--|----------------|
| MBR         | Jonathan Patrick Doran | 5-2177 Lincoln Ave, Montreal, Quebec, H3H1J2 | <b>=</b> Add   |
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| ective date, if other than the effective date is listed, the date must e: If the date inserted in this bloument's effective date on the De | be specific and cape. | annot be prior to da<br>et the applicable | e of filing or more th<br>statutory filing req | (option<br>an 90 days after fil<br>uirements, this d | ing.) Pursuant to 60: | 5.0207<br>ted as |
| cord specifies a delayed effective<br>s filed.   | date, but not ar      | n effective time, a                       | it 12:01 a.m. on the                           | e earlier of: (b)                                    | The 90th day afte     | er the           |
| ed   |                       | 2023                                      |  |  |                       |                  |
|  | •                     | <del></del> ·                             | ( n.   | ocuSigned by:<br>Wa F070                             |                       |                  |
|  | Signature of a me     | mber or authorized                        | representative of a r                          | wa 70%<br>1638868608417                              | <del>_</del>          |                  |
| •  |                       | or or admonact                            | representative to a t                          | nember   |                       |                  |

Filing Fee: \$25.00