

L23000 113649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

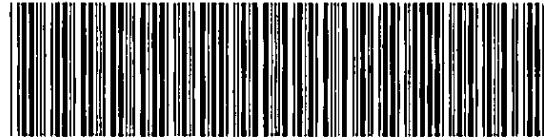
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700414169527

2023 OCT -5 PM 12:40

RECEIVED

2023 OCT -5 AM 10:27

RECEIVED

10/05/23

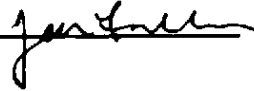
FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160 **\$25.00**

Authorization Signature: _____

Rich Sound Lab LLC

L23000113649



Business Name

Doc. #

 Certified Copy of

 Certificate of Status

NEW FILINGS

- Profit Corp
- Not for Profit
- Officer/Director
- Limited Liability
- Domestication
- Other
- CORP**
- LLLP**

AMENDMENTS

- X Amendment
- Resignation of R.A.
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Conversion**
- Amended and restated Articles**
- Statement of Authority**

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTILLE

Country

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

2023 OCT -5 PM 12:40

FILED
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rich Sound Lab, 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

Name of Person

Firm Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

2023 OCT -5 PM 12:40
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

D. J. P. & S. Inc.
(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 03-11-01 and assigned
Florida document number 423000113649

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 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:

Name of New Registered Agent:

Michelle Treanor

New Registered Office Address:

6305 S. 30th

Enter Florida street address

Orlando

City

Florida

32803

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.

Michelle Treanor

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:

AMCR - Manager

AMBR - Authorized Member

Type of Action

Title

Name

Address

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

2023 Oct 1 - 5 PM 12:40

01/01/2023 12:40 PM

D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary.)

Please amend my
Business on 9/26/23
EIN # 92-3064650

2023 OCT -5 PM 12:40

E. Effective date, if other than the date of filing: October 4 2023 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 4, 2023

MGR /i. isaacs

Signature of a member or authorized representative of a member

Isaacs T.

Typed or printed name of signer

Filing Fee: \$25.00