L24 000260075

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COVER LETTER

TO:

Registration Section

Division of Co	rporations			
	I AUDIO PRODUCTION LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	JOSE H CARRASCO			
		Name of Person		-
		Firm/Company		_
	11562 BENTRY STREET			-2
	-	Address		124.1
	ORLANDO, FL 32824			2
	audiograffitiando@gmail.co	City/State and Zip Code		2024 JIH 28 AH 10: 46
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please ca	all:		12 5
WENDY PLATON		407 900-1351 at ()	<u></u>	
Name	of Person	Area Code Daytime	Telephone Numbe	r
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	etion	
Division of 0		Division of Corp		
P.O. Box 63		The Centre of T		
Tallahassee.	FL 32314	2415 N. Monroe	: Street, Suite 8	310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAFTITI AUDIO PRODUCTION LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>06/07/2024</u>	and assigned
Florida document number L24000260075		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
GRAFFITI AUDIO PRODUCTION LLC		
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		- 2 7
		T man
Enter new mailing address, if applicable:		<u>्</u> र
(Mailing address MAY BE A POST OFFICE BOX)		(V)
		, 5
		等
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter th	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
The Tregistering Office Tradicise.	Enter Florida street address	
	, Flor	ida
	City	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 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>	<u>Address</u>	Type of Action
			□ Remove
			□Change
		<u></u>	□Remove
			□Change
			Remove 7
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ective date, if other than the date of filing:	2024	(optic	anal)	
effective date is listed, the date must be specific and cannot be	prior to date of filing o	r more than 90 days after	filing.) Pursuant to 6	05.020
te: If the date inserted in this block does not meet the a cument's effective date on the Department of State's rec	ipplicable statutory fi cords.	ling requirements, this	s date will not be i	isted a
ecord specifies a delayed effective date, but not an effect	tive time, at 12:01 a.i	n, on the earlier of: (b) The 90th day a	fter the
s filed.				
. June 16 2024				
ted,	* 1 >			
i	W/			
Signature of a member of	authorized represental	ive of a member		
				

Filing Fee: \$25.00