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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONSEQUENCE HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State: CONSEQUENCE HOLDINGS, LLC		
Enter new principal office address, if applicab	ile:	
(Principal office address	5255 N FEDERAL HWY ST	E 100
MUST BE A STREET ADDRESS)	BOCA RATON, FL 33487	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5255 N FEDERAL HWY ST	E 100
	BOCA RATON, FL 33487	
2. The Florida document number of this limite	ed liability company is: M2000000	2163
Jurisdiction of its organization: Date authorized to do business in Florida:		
SECTION 11 (5-9 complete only the applica	thle changes)	
5. New name of the limited liability company	must contain "Limited Liability C	ompany, ""L.L.C.," or "LLC.")
·		21
(If name unavailable, enter alternate name add copy of the written consent of the managers o must contain "Limited Liability Company,""	r managing members adopting the	business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or reg registered agent and/or the new registered off	ice address here:	rds, enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Flor	ida Street Address
	City	, Florida Zip Code
	~.,,	

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.

pg 4 of 10

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
Title/ Capacity	Name	Address	Type of Action
			□Remov
			🗀 Add
			Remov
			🖸 Add
			□Remov
			□Add
			□Remo
			□∧dd
aforementioned ar	the law of which this entity is org	by the official having custody of records in	□Remo

Filing Fee: \$25.00



OFFICE OF THE SECRETARY OF STATE JESSE WHITE-Secretary of State

0293444-2 DECEMBER 27, 2021

CARLOS@CORPCREATIONS.COM

RE CONSEQUENCE SOUND LLC

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND THE CERTIFIED COPY REQUESTED CONCERNING THE ABOVE REFERENCED LIMITED LIABILITY COMPANY.

THE ATTACHED WAS ASSIGNED AUTHENTICATION NUMBER 2136103505.

THE REQUIRED FEE IS HEREBY ACKNOWLEDGED.

SINCERELY YOURS,

JESSE WHITE SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES LIMITED LIABILITY COMPANY DIVISION TELEPHONE: (217)524-8008

JW: LLC

File Number

0293444-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 4 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR CONSEQUENCE SOUND LLC.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of DECEMBER A.D. 2021.

Authentication #: 2136103505 verifiable until 12/27/2022. Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Form LLC-5.5 October 2009

Secretary of State Jesse White Department of Business Services Limited Liability Division 501 S. Second St., Rm. 351 Springfield, IL 62756 217-524-8008 www.cyberdriveillinois.com

15612148442

Payment must be made by certified Filling Fee: \$500 check, cashier's check, Efinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois **Limited Liability Company Act Articles of Organization**

SUBMIT IN DUPLICATE

Must be typewritten.

This space for use by Secretary of State.

Approved:



0293444-2

FILE #

This space for use by Secretary of State.

FILED

FEB 1 1 2010

JESSE WHITE SECRETARY OF STATE

1.		LC (CRA Company of Science of Sci	.L.C. or LLC and cannot contain the		
2.	Address of Principal Place of Business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.)				
	420 West Fullerton Parkway / Apartment 316; Chicago, I	L, 60614 (Attention: Michael	C_Roffman)		
3.	Articles of Organization effective on: (check one)		·		
	f the filing date				
	a later date (not to exceed 60 days after the filing date):				
		Month,	Day, Year		
4.	Registered Agent's Name and Registered Office Address:				
	Registered Agent: National Registered Agents, Inc.				
	First Name	Middle Initial	Last Name		
	Registered Office: 200 West Adams Street	Street	Suite #		
	is un account able 1		Cook		
	Chicago	IL 60606 ZIP Code	County		
	Purpose(s) for which the Limited Liability Company is organized: The transaction of any or all lawful business for which Limited Liability Companies may be organized under this AcL (LLC's organized to provide professional services must list the address(es) from which those services will be rendered if different from item 2. If more space is needed, use additional sheets of this size.)				
	The intent of the LLC is to conduct an online music publication targeted at the "Y Generation." The LLC intends				
	to report and cover the music industry in an aggressive manner - which includes weekdays, weeknights and				
	holidays – as well as provide an outlet for its readers, via its Festival Outlook database, to keep updated on				
	the wide array of domestic and international music festive	als, large and small.			
			PAID		
5.	Latest date, if any, upon which the company is to dissolve:		- -		
	(Leave blank if duration is perpetual.)	Month, [Pay, Year FEB 1 6 2010		

DEPARTMENT OF BUSINESS SERVICES

. 0273777 -2.11.2010

LLC-5.5

(Optional) Other provisions for the regulation of the internal affairs sheets of this size.) N/A.			
·			
he Limited Liability Company: (Check either a or b below.) M is managed by the manager(s) (List names and business a	addresses.)	
Nexander P. Young of 8429 Mary Jane Drive, Manassas, V.			
Michael C. Bolfman of 420 West Fullerton Parkway / Apartm	ant 316.	Chicago, II 60614	
The second second is the member of the promote the		nddreene)	
has management vested in the member(*) (List names and	i business	Bodresses.)	
			. <u> </u>
lame and Address of Organizer(s)			
affirm, under penalties of perjury, having authority to sign hereto, t	that these	Articles of Organizati	on are to the best of my kno
dgo and belief, true, correct and complete.		·	
ated January 28 2010	_		
Month & Day Year	_		
where I only	1.	8429 Mary Jane D	
Signature		THE RESERVE OF THE PARTY OF THE	rive
		Number	rive Street
Alexander P. Vourne		Number	
Alexander P. Young Name (type or print)	_		
Name (type or print)	_	Number Manassas	Steet
Name (type or print)	-	Number	Street
Name (type or print) Co Foundation of other Entity, and Title of Signer	- -	Number Manassas Virginia 20112 State	Street City/Town ZIP Code
Name (type or print) Co Foundation of Street Stree	_ 2.	Number Manassas Virginia 20112 State	Street City/Town ZIP Code
Name (type or print) Co Forder Shirt Entity Sife 2 Dublishor Name it a Corporation or other Entity, and Title of Signer Signature	_ 2.	Number Manassas Virginia 20112 State 420 West Fullertor Number	Street City/Town ZIP Code 2 Parkway / Apartment 31
Name (type or print) Co Ford Corporation or other Entity, and Title of Signer	_ 2.	Number Manassas Virginia 20112 State 420 West Fullertor	Street City/Town ZIP Code 2 Parkway / Apartment 31
Name (type or print) Co F Ship Capating Office 2 Dublishor Name the Corporation or other Entity, and Title of Signer Signature Michael C. Roffman	_ 2. _	Number Manassas Virginia 20112 State 420 West Fullertor Number	Street City/Town ZIP Code 2 Parkway / Apartment 31 Street

15612148442

FILE # 02934442 Illinois Form LLC-5.25 Limited Liability Company Act This apaco for use by Secretary of State. July 2017 **Articles of Amendment** Secretary of State Department of Business Services FILED Limited Liability Division SUBMIT IN DUPLICATE 501 S. Second St., Rm. 351 Type or print clearly. Springfield, IL 62758 DEC 2 1 2021 217-524-8008 www.cyberdrivefilinois.com JESSE WHITE Filing Fee: \$50 Payment may be made by check SECRETARY OF STATE payable to Secretary of State. If Approved: check is returned for any reason this filing will be void. 1. Limited Liability Company name: CONSEQUENCE HOLDINGS, LLC 2. Articles of Amendment effective on: the file date a later date (not to exceed 30 days after the filing date) Month, Day, Year 3. Articles of organization are amended as follows (check applicable item(s) below): a) Admission of a new manager (give name and address below)* (give name below) Change in address of the records office/principal place of business as required by Sec. 1-40 of the Act. (Give new physical number and street address, a P.O. Box alone or C/O is unacceptable.) □ d) Change of registered agent and/or registered agent's office (Give new name and/or address below, address change to P.O. Box alone or C/O is unacceptable.) e) Change in the Limited Liability Company's name (give new name below)** Ohange in date of dissolution (state perpetual or date of dissolution below) g) Establish authority to Issue series (fee \$300, see NOTE)

Only managers and any member with the authority of manager are required to be reported.

Additional information:



DEC 2 2 2021

DEPARTMENT OF BUSINESS SERVICES

"New name of LLC (as changed): Consequence Sound LLC

□ h) Other (give information in space below)*

A professional LLC registered with the tilinois Department of Financial and Professional regulations must contain the term Professional Limited Liability Company, PLLC or P.L.L.C. In its name. The specific professional service must also be stated in its purpose.

(continued)

LLC-5.25

- 4. The amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.
- I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated: December 21st	2021
Dated: MonvDay	Yoar
Cut fine!	
Signature	•
Carlos M Alvarez, Special Manager	
Name and Title (type	or print)
If applicant is signing for a comp	any or other enlity.
Il applicant is signifig for a company	or entity.

NOTE:

The following paragraph is adopted when item 3g is checked:

The operating agreement provides for the establishment of one or more series. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular separable be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations or expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.