

2/8/2020

Division of Corporations

418000010741
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000044965 3)))



H200000449653ABC/

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

2020 FEB 11 PM 12:09
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FL

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : CYAN CONSULTANTS INC.
 Account Number : 120180000074
 Phone : (407)346-5731
 Fax Number : (407)650-3216

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

Email Address: contact@cyaninc.com

RECEIVED
 2020 FEB 11 AM 10:54

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 SONIC INVESTMENTS LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

[Electronic Filing Menu](#)
 [Corporate Filing Menu](#)
 [Help](#)

O SIMMONS
 FEB 12 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SONIC INVESTMENTS 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:

SERGIO DUARTE

 Name of Person

 SONIC INVESTMENTS LLC

 Firm/Company

 1004 PLAZA DR

 Address

 KISSIMMEE, FL 34743

 City/State and Zip Code

 contact@cyancinc.com

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

For further information concerning this matter, please call:

SERGIO DUARTE _____ at (407) 914-6402 _____
 Name of Person 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

SONIC INVESTMENTS LLC

(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 01/11/2018 and assigned Florida document number L18000010741.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(Mailing address MAY BE A POST OFFICE BOX)

FILED 2020 FEB 11 PM 12:09 STATE OF FL

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:

n/a

New Registered Office Address:

Enter Florida street address

Florida

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 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:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|-------------------|--|
| AP | SAAVEDRA, CLAUDIA L. | 13528 EYAS RD | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32837 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | DUARTE, SERGIO A | 719 ARTISAN ST | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32824 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | HERNANDEZ, JOSE D | 719 ARTISAN ST | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32824 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | HERNANDEZ, JAIRO | 719 ARTISAN ST | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32824 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

STATE OF FLORIDA
 PAID RECEIPT
 20 FEB 11 PM 12:29
 FILED

