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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corp	porations	•				
Soney FM I SUBJECT:	LLC					
	Name of Limit	ted Liability Company	······································			
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.				
Please return all correspon	ndence concerning this matter t	o the following:				
	Ram A. Goel					
		Name of Person				
	Soney FM LLC					
	- 	Firm/Company				
10329 Cross Creek Boulevard, Suite P						
		Address				
	Tampa, Florida 33647					
		City/State and Zip Code				
	soneyfmllc@yahoo.com					
	E-mail address: (to	o be used for future annual report notific	cation)			
For further information co	oncerning this matter, please ca	11:				
Chase E. Larsen, Esq.		813 767-4795				
Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is a check for th	e 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Soney FM LLC						
(Name of the Limit	ed Liability Compa (A Florida Limited	i <mark>ny as it now appears on o</mark> Liability Company)	ur records.)			
	iability Company	were filed on $\frac{02/17/20}{}$	03	_ and as	ssigned	
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designat	tion "LLC" or the abbre	viation "	L.L.C."	
The Articles of Organization for this Limited Liability Company Florida document number L03000005822 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabil 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 of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: 17925 Bahama Tampa	10329 Cross Creek Bo	oulevard .				
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	Suite P			2		
		Tampa, Florida 33647	·	<u>~</u>	75.CC	
				UG 2	H OF I	
Enter new mailing address, if applicable:		10329 Cross Creek Bo	oulevard	O CO		
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADD Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered agent and/or the new registered office address of New Registered Agent:	BOX)	Suite P		H	PDF 2	
		Tampa, Florida 33647	·	<u>ب</u> <u>بح</u>		
				ω	悉	
registered agent and/or the new registered of	~		records, enter the	e name	of the n	
Navy Barristanad Office Address	17925 Bahama	Isle Drive				
Enter new principal offices address, if application of the principal office address MUST BE A STREET of the new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and engistered agent and/or the new registered of the new registere		Enter Florida str	eet address			
	Tampa, Flori		, Florida	a 33647		
		City	- · · · · · · · · · · · · · · · · · · ·	Zip Code	?	
New Registered Agent's Signature, if changing b	<u>Registered Agent:</u>					
I hereby accept the appointment as registere	-	-				
provisions of all statutes relative to the propaccept the obligations of my position as regi	•					

If Changing Registered Agent, Signature of New Registered Agent

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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ifective date	, if other tha	n the date of	filing:				(optional)		
an effective dat lote: If the da	te is listed, the date inserted in	ate must be speci this block does the Departmen	ific and cannot s not meet the	t be prior to da e applicable	te of filing or 1	nore than 90 da	sys after filing.		
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Typed or printed name of signee

Filing Fee: \$25.00