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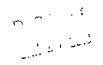
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COVER LETTER

TO: Registration ! Division of C			
OLUM INCOM	NOPRO, LLC		
SUBJECT.	Name of Limited Liability Company		
	of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following:		
rease return an corres	DENISE FRIEDLIN		
	Name of Person		
	Firm/Company		
	PO BOX 3855		
	Address FT MYERS FL 33918	- 1	2 4
	City/State and Zip Code DEEFRIEDLIN@GMAIL.COM	2818 JAN 1 0	<u> </u>
For further information	E-mail address: (to be used for future annual report notification) a concerning this matter, please call:		ס ; ?
DENISE FRIEDLIN 239 362-7171		. •	ى م
Name	e of Person Area Code Daytime Telephone N	umber	
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy	.00 Filing Fee, rtificate of Status of rtified Copy ditional copy is enclose	
MAI	TING ADDRESS: STREET/COURIER ADDRE	55 -	

MAILING ADDRESS:

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

SONOPRO, LLC			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our recordiability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Lia Florida document numberL06000084850	ability Company	were filed on08/28/2006	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	lity company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "LL.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica		1064 WINDING PINES CII	
(Principal office address MUST BE A STREET	<u>(ADDRESS)</u>	CAPE CORAL FL 33909	
Enter new mailing address, if applicable:		PO BOX 3855	2018
Mailing address MAY BE A POST OFFICE BOX)		FT MYERS FL 33918	77
B. If amending the registered agent and/or the new registered off			ls, enter the name of the new
Name of New Registered Agent:	DENISE FRI	EDLIN	
New Registered Office Address:	PO BOX 3855	-1064 Winding P	ines Cir #108 Fl 33409
	FT MYERS	, F	lorida 33918

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DENISE FRIEDLIN	PO BOX 3855 FL MYERS FL 339 8	■ Add
			Remove
		.206	□ Change
MGRM	EVA RODRIGUES	620 PALM AVE PUNTA GORDA 3395	D Add
			■ Remove
			Change
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Note: If the	date inserted in this block doe	es not meet the applicabl	date of filing or more than le statutory filing requir	ements, this date w	rursuanµe 605.0 ill not be listed
document's	effective date on the Departme	ent of State's records.			
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