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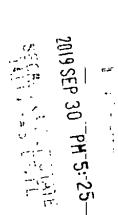
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## **COVER LETTER**

Divi	sion of Corp	porations	•			
SUBJECT:	SONOPR	O LLC				
30 Datie 1		Name of Limi	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	\		
Please return	all correspor	ndence concerning this matter	to the following:			
		RICHARD FRIEDLIN				
			Name of Person			
		SONOPRO LLC				
		PO BOX 3855				
		Address				
		FT MYERS FL 33918				
		DEEFRIEDLIN@GMAIL	City/State and Zip Code COM			
		E-mail address: (i	to be used for future annual report notifi	cation)		
For further in	formation co	oncerning this matter, please ea	all:			
RICHARD	FRIEDLIN		239 362-7171 at ( )			
	Name of	Person		Telephone Number		
Enclosed is a	check for th	e following amount:				
<b>■</b> \$25.00 Fi	iling Fec	□ \$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

## TO ARTICLES OF ORGANIZATION OF

SONOPROJLLC			
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on _	08/28/2006	and assigne
Florida document number L06000084850	·		
This amendment is submitted to amend the fol	lowing:		1
A. If amending name, enter the new name of	of the limited liability company	here:	20
		ا الله الله الله الله الله الله الله ال	. 19 S
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbre	
Enter new principal offices address, if appli	cable:		30
•	·	43.5	P 11
(Principal office address MUST BE A STRE	<u> </u>	<u></u>	<u> </u>
		<u>-r</u>	25
			[4]
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE	E BOX)	·	
B. If amending the registered agent and registered agent and/or the new registered of	<u>.</u>	on our records, <u>enter th</u>	<u>ie name of tl</u>
Name of New Registered Agent:	RICHARD FRIEDLIN		
New Registered Office Address:	1064 WINDING PINES CIR U	NIT 108	
New Registered Office Fiduress.	Enter F	lorida street address	
	CAPE CORAL	, Florida <sup>3390</sup>	9
	City	, 1101164	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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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

#### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Ac
AMBR	RICHARD FRIEDLIN	1064 WINDING PINES CIR UNIT 108	<b>⊟</b> Add
			Remove
			Change
AMBR	DENISE FRIEDLIN	1064 WINDING PINES CIR UNIT 108	
			Remove
			Change
			Add
			Remove
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Effec	tive date, if other than the date of filing:(optional)	
(If an e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	
(If an e Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list.	05.
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Page 3 of 3

Filing Fee: \$25.00