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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sounds End, value)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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SUMMER TO ANTI-

MAY 2 0 2020

COVER LETTER

Division of Corporations					
SUBJECT:		SONOWEY/US 11	<u>C</u>		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	idence concerning this matter t	to the following:			
	Akin Feri	Name of Person	7		
	Rand A Bl	W 5000 WOV lels	 		
	425 SW/	1/3+4 Way			
	Pembioise 1	Oity/State and Zip Code	025_		
	alain Orablus	SONOWOYLOS COM	stion)		
For further information co	ncerning this matter, please ca	Н:			
Akin Feyu Name of	nandez Beltav	at (<u>954)</u> <u>802-3</u> Area Code Daytime T	3835 elephone Number		
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	S30.00 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)		

Registration Section

TO:

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

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

__. Florida ___

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

Title	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Jose Luis Formandez	425 SW /1344 Wa	y LAdd
		Pembrosse Pines, FL 33026	∏ ☐ □Remove
			□Change
			OAdd
			Remove
			ASS.
			Romove
			Change
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			Dadd
			□Remove
			□Change

	ny other information, enter change(s) here: (Attach additional)	
<u>Curri</u>	ently Alain Fernandez Beltan	is listed as
CEC) at Rand A Blue Sanoworld's LL	C. There is
	addition, Jose Luis Fernanclez	
	Manager, Alain Fernander Be	
985	I al the common chance and	Life Veres Live
	o of the company shares we sand a holds 2% of the com	114 JUSE L'UIS
1770	range 1001015 270 of the com	pany snares.
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		173) (30 - 177) (23 -
 		
-		·
(If an effective date Note: If the date	if other than the date of filing: <u>SUNULYW</u> 3/5+, Z is listed, the date must be specific and cannot be prior to daglof filing or more that inserted in this block does not meet the applicable statutory filing requeitive date on the Department of State's records.	an 90 days after filing.) Pursuant to 605,0207 (3)
ord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
Dated <u>Ja</u>	Muary 3/st . 2020	
	Signature of a member or authorized representative of a n	nember
	Alam Fernancle Boltho	5 .

Filing Fee: \$25.00