

L110000043278

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(Address)

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Registration Section
Division of Corporations

CIELO, BOLITA & LOBITOS L.L.C.

E: _____
Name of Limited Liability Company

sed Articles of Amendment and fee(s) are submitted for filing.

urn all correspondence concerning this matter to the following:

CHRISTINE J. PENDLETON, CPA

Name of Person

SOUTHEAST ACCOUNTING & TAX SERVICES, INC

Firm Company

713 E ATLANTIC BLVD

Address

POMPANO BEACH, FL 33060

City/State and Zip Code

SEA@SOUTHEASTACCTG.COM

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

r information concerning this matter, please call:

CHRISTINE J. PENDLETON, CPA

Name of Person

954

941-7328

at (_____) _____

Area Code

Daytime Telephone Number

is a check for the following amount:

☐ \$0 Filing Fee

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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

TO
ARTICLES OF ORGANIZATION
OF

CIELO, BOLITA & LOBITOS L.L.C.

2021 JAN 26 PM 4:55

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on APRIL 11, 2011 and assigned document number LI1000043278.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

SONS L.L.C.

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

New principal offices address, if applicable:

(All office address MUST BE A STREET ADDRESS)

New mailing address, if applicable:

(address MAY BE A POST OFFICE BOX)

Changing 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:

New Registered Office Address:

Enter Florida street address

City

, Florida

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

Manager
= **Authorized Member**

100

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Type of Action

☐ Add☐ Remove☐ Change

□ Add

□ Remove

☐ Change☐ Add☐ Remove

Change

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□ Add

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ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

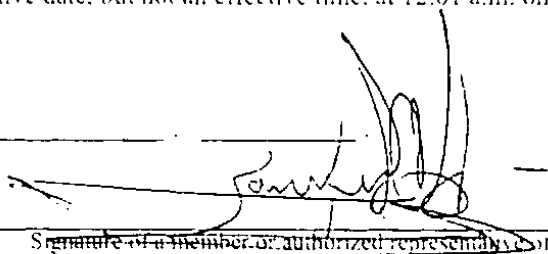
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Effective date, if other than the date of filing: _____ (optional)

If an effective 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 605.0207 (3)(b) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

01/08/21



Signature of a member or authorized representative of a member

RAFAEL CERVANTES

Typed or printed name of signer

Filing Fee: \$25.00