

42000063637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

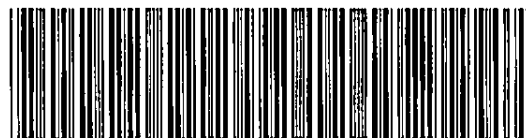
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
17 DEC -1 AM 9:30

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SONAR 20 LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

HERNAN JASIN

Name of Person

HERNAN JASIN, CPA

Firm/Company

14638 SW 35TH COURT

Address

MIRAMAR, FL 33027

City/State and Zip Code

HJASIN@MSN.COM

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

For further information concerning this matter, please call:

HERNAN JASIN

954 663-9065
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SONAR 20 LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/10/2012 and assigned
Florida document number L12000063637.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9195 Collins Ave

Apt 801

Surfside, FL 33154

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14638 SW 35TH COURT

MIRAMAR, FL 33027

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC -1 AM 9:30

B. If amending 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:

HERNAN JASIN

New Registered Office Address:

14638 SW 35TH COURT

Enter Florida street address

MIRAMAR

City

Florida 33027

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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JUAN M. OSTERC	14638 SW 35TH COURT	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA P. OSTERC	14638 SW 35TH COURT	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TOMAS M. OSTERC	14638 SW 35TH COURT	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUCIANO OSTERC	14638 SW 35TH COURT	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BELUBE LLC	2020 NE 163 STREET,	<input type="checkbox"/> Add
		SUITE 300S	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33162	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ADDITIONAL AUTHORIZED MEMBERS:

AMBR MATIAS ACOSTA VOEGELI ADD X

14638 SW 35TH COURT

MIRAMAR, FL 33027

AMBR BELEN ACOSTA VOEGELI ADD X

14638 SW 35TH COURT

MIRAMAR, FL 33027

AMBR MILAGROS ACOSTA VOEGELI ADD X

14638 SW 35TH COURT

MIRAMAR, FL 33027

17 DEC -1 AM 9:30

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

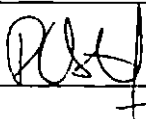
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: 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.

If the record 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 record is filed.

Dated NOVEMBER 15TH 2017



Signature of a member or authorized representative of a member

MARIA P. OSTERC

Typed or printed name of signee