2001/004

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GONZALEZ & WERMUTH, P.L.

Account Number: I20020000138 Phone : (305)715-7157

Fax Number

: (305)715-8982

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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JUL 27 2012

T. HAMPTON

7/26/2012

COVER LETTER

TO:	Registration of C	Section orporations		
SUBJEC	CT:	so	NIOL, LLC	
505050			ited Liability Company	
The encl	osed Articles o	of Amendment and fec(s) are sui	omitted for filing.	
Please re	turn all corresp	pondence concerning this matter	to the following:	
	ROSARIO PRADO Name of Person			
	Name of Person			
GONZALEZ & WERMUTH				
	Firm/Company			•
	8750 NW 36 STREET, SUITE 425			
			Address	
		DC	RAL, FLORIDA 33178	
			City/State and Zip Code	
			ARIO@RGMWLAW.COM to be used for future annual report noti	Control
For furthe	er information	concerning this matter, please of	·	
ROSARIO PRADO			at (_305_)	715-7157
	Name	of Person	Area Codo & Daylin	ne Telephone Number
Englosed	is a check for	the following amount:		
ॼ॔\$ 25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations enter Circle

ARTICLES OF AMENDME ARTICLES OF ORGANIZAT

SONIOL (Name of the Limited Liability Compar (A Florida Limited L	LLC ny as it now appear iability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000093399</u>	were filed on	JULY 18, 2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>o</u> :	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	9737 NW 41	STREET, SUITE	264
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FLO	RIDA 33178	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9737 NW 41 DORAL, FLO	STREET, SUITE : RIDA 33178	264
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addi	ress
	. Florida		
	City	, , , , , , , , , , , , , , , , ,	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 608, 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

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records;

MGRM = 1	Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
	,		Add Remove
<u></u>			Add Remove
			Add Remove
 -			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	DIVISION OF CAMERS
Dated	JULY 25	2012	27
	Signature of a me	mber or authorized representative of a member	
		ROSARIO PRADO vped or printed name of signee	<u> </u>
	1	ADDR OF OTHER HIGHER OF SERIEG	

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