# L13000152662

(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section  Division of Corporations	e s e	ф.,
SUBJECT: Sprous Cal	of Limited Liability Company	· 
The enclosed Articles of Amendment and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
- Henr	Name of Person	
<u>Sonou's</u>	Cable Technologie	es
230 Loc	ust Puss Dr Address	<del></del>
· ocala, 1	FL 34472 City/State and Zip Code	
E-mail ac	ddress: (to be used for future annual report	notification)
For further information concerning this matter,	please call:	
Name of Person	at ( <u>352) 537</u> Area Code & Da	4265 aytime Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Scertificate of S		□\$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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2013

KENNY SORA 230 LOCUST PASS DR OCALA, FL 34472

SUBJECT: SOROA'S CABLE TECHNOLOGIES "LLC"

Ref. Number: L13000152662

We have received your document for SOROA'S CABLE TECHNOLOGIES "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 313A00025998

Tim Burch Regulatory Specialist II

www.sunbiz.org

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cable Technologies

(Name of the Limited L (A I	iability Company a lorida Limited Liab	s it now an lity Compa	pears on o	ur records.)		
The Articles of Organization for this Limited Lia Florida document number LI3000 ISA		re filed on	10 /	30/20	13 and assigne	∌d
This amendment is submitted to amend the follow	ving:				DEC.	77
A. If amending name, enter the new name of t	t <u>he limited liabilit</u> y	company	here:		SE 5	— П
Sorou's Cuble	Technologie	s II	L			<u> </u>
The new name must be distinguishable and end with "L.L.C."	the words "Linvied	Liability Co	ompany," th	e designation "E	or flie abbr	eviatio
Enter new principal offices address, if applical	ble:	230	Lows	t Pass	D <sub>C</sub>	
(Principal office address MUST BE A STREET	ADDRESS)	00	ulu,	FL 344	172	
Enter new mailing address, if applicable:	_	230	Loc	ust Pass	. Dr	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u> _	D(	ala,	FL 346	172	
B. If amending the registered agent and/or registered agent and/or the new registered offi	ice address here:	ny '	on our re	ecords, enter t	he name of th	ie nev
New Registered Office Address:	230 Lo	cust	Puss.	Dr		
	•		Enter Flo	orida street add.	ress	
	<u> vala</u>			, Florida	344 72 7in Code	<del></del>
	C	lity			Zip Code	
New Registered Agent's Signature, if changing Re	egistered Agent:					
I hereby accept the appointment as registered	agent and agree t	o act in th	is capacit	y. I further agi	ee to comply v	with

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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 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:

MGR = Mana MGRM = Ma	nger nnaging Member		
Title	Name	Address	Type of Action
MGR	Kenny Soroa	230 Locust	PUSS Do Add
		ccala , FL	34472 Remove
·			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			<b>Z3</b>
			Remove CRIDA:
			Add
			Remove
			Add
			Remove
			Add
			Π.

). If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	12/6/2013
	Henry Sound Typed or printed name of signee
	Kenny Social Typed or printed name of signice

Page 3 of 3

Filing Fee: \$25.00

BundiARI or SIATE