

L140001514038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

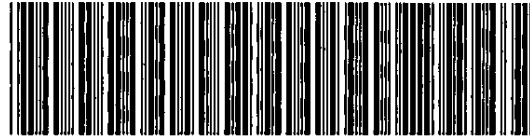
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE

2014 OCT 15 AM 10:42

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OCT 20 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SONTEX GLOBAL 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:

IRVING GONZALEZ

Name of Person

Firm/Company

80 SW 8TH STREET, SUITE 1710

Address

MIAMI, FL 33130

City/State and Zip Code

SONTEXGLOBAL@GMAIL.COM

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

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

IRVING GONZALEZ

305 975-3390

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**

SONTEX GLOBAL 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 9/29/14 and assigned
Florida document number L14000151638.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AR	IRVING GONZALEZ	6526 S KANNER HWY	<input type="checkbox"/> Add
		SUITE 160	<input checked="" type="checkbox"/> Remove
		STUART, FL 34997	
AMBR	REVENTON HOLDINGS LLC	6526 S KANNER HWY	<input checked="" type="checkbox"/> Add
		SUITE 160	<input type="checkbox"/> Remove
		STUART, FL 34997	
MGR	IRVING GONZALEZ	6526 S KANNER HWY	<input checked="" type="checkbox"/> Add
		SUITE 160	<input type="checkbox"/> Remove
		STUART, FL 34997	
AMBR	JULIO SUAREZ	6526 S KANNER HWY	<input checked="" type="checkbox"/> Add
		SUITE 160	<input type="checkbox"/> Remove
		STUART, FL 34997	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

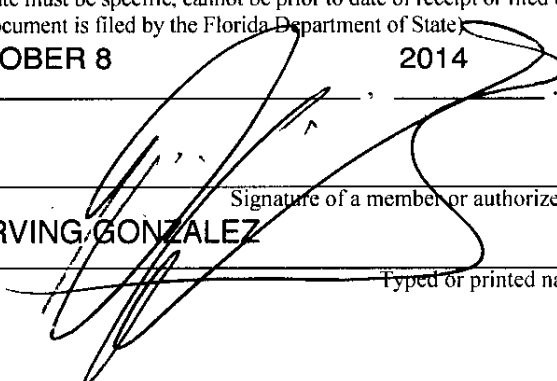
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 CLERK OF DISTRICT COURT
 HALL COUNTY FLORIDA

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 8, 2014



Signature of a member or authorized representative of a member
IRVING GONZALEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA