Florida Department of State

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COVER LETTER

TO:

Registration Section Division of Corporations

SONOMA CONSULTING 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:

Steven Welss

Name of Person

Allstate Corporate Services Corp.

Firm/Company

1222 Avenue M, Suite 301

Brooklyn, NY 112230

City/State and Zip Code

sal@acs123.com

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

For further information concerning this matter, please call:

Naomi Ostopowitz

Enclosed is a check for the following amount:

Name of Person

☐ \$25.00 Filing Fee

■ \$30.00 Filing Fee & Cortificate of Status S55.00 Filing Fee & Contified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

SONOMA CONSULTING LLC

(Name of the Limited Liability Company) The Articles of Organization for this Limited Liebility Company were filed on 07/01/2015 Morida document number <u>L1500</u>0113891 This amendment is submitted to amend the following: A. If amending name, anter the new name of the limited liability company here: The new name must be divinguishably and code with the words "Links Liability Company," the designation "LEC" or the above visition "L.C. Enter new principal offices address, if applicable; (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing edition MAY BE A POST OF FICE 80X) B. If marnding 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: 100 JAVIER GONZALEZ DELGADO Name of New Registered Agent **5868 INTERNATIONAL DRIVE** New Registered Office Address: Enter Florida street address New Resistered Agent's Signature, if changing Resistered Agent:

I hereby accept the appointment as registered agent and agree to not in this capacity. I further agree to comply with the provisions of all stances 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 morely reflect a change in the registered office address, I have by confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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IA If amending s	iny other information, ento	er change(s) here: (Attach addit	ional sheets, if necessory	Ç
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