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COVER LETTER

	SONOMA	A CONSULTING	STIC	
UBJECT:	OOITOM		ited Liability Company	··············
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he enclosed Art	icles of Amendment	and fee(s) are sub	mitted for filing.	
ease return all	correspondence conc	erning this matter	to the following:	
		IAV/IED G	ONZALEZ	
		JAVIER G	Name of Person	
•			Ivalia of I cison	
		SONOM	A CONSULTING LLC	
			Firm/Company	
•		6386 VINI	ELAND:RD. UNIT 105	
•			Address	······································
	•			
	•	ORI AND	O, FL 32819	
	1	ONLAND	City/State and Zip Code	
		Sonomaco E-mail address:	onsultinglic@gmail.com (to be used for future annual report no	tification)
				,
or further infor	mation concerning th	is matter, please c	all:	
		,		
	nzalez Delgado		at (<u>321</u>) 330-9944	
	Name of Person		Area Code Dayti	me Telephone Number
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SONOMA CONSUL (Name of the Limited Liability (A Florida Li		ars on our records.)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L15000113891</u>	npany were filed on _	07/01/2015	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited	l Liability Company," the	designation "LLC" or t		
Enter new principal offices address, if applicable:			존성 열	R1645
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	•	5E 5	4 3
	·		E	C41'8"
			Fig.	± 344°C € }
Enter new mailing address, if applicable:				· - ·
(Mailing address MAY BE A POST OFFICE BOX)			2	
			일만 그	
B. If amending the registered agent and/or register registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	red office address on the second seco	on our records, <u>en</u>	ter the name of the	<u>e nev</u>
	Enter F	lorida street address		
		, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered	City		Zip Code	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in thi uplete performance on the as provided for in	of my duties, and I Chapter 605, F.S.	am familiar with and Or, if this document	!

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>	Name	Address	Type of Action
AMBR	JOSEPH AGUIRRE	6386 VINELAND RD UNIT 105 ORLANDO FL 32819	🛛 Add
			Remove
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