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го:	Registration Se Division of Cor						
· • • • • • • • • • • • • • • • • • • •		gement , LLC changing name					
SUBJEC	,1:	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Michael Heald					
		Sonic Jellybean	Name of Person	<u> </u>			
		303 S Laurel Avenue	Firm/Company				
		Santord, FL 32771	Address				
		agbillion@gmail.com	City/State and Zip Code				
			to be used for future annual repo	ri notification)			
For furth	ner information c	oncerning this matter, please ca	all:				
Scott W	·- · · -		407 416-84 at ()				
	Name o	f Person	Area Code E	Daytime Telephone Number			
Enclosed	d is a check for th	ne following amount:					
■ \$ 25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			

TO:

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

Web Management , LLC		
(<u>Name of the Limited Lial</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number $\frac{\text{L}16000084645}{\text{L}16000084645}$	Company were filed on 5/2/2016 and a	ssigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	mited liability company here:	
Sonic Jellybean , LLC		
The new name must be distinguishable and contain the words "I	imited 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 AD		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	UG-2 AMIII	FILED
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the nam	e of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Scott Williamns	303 S Laurel Avenue, Sanford, FL 32771	= Add
			□ Remove
			☐ Change
MGR	Recurring Revenue Holdings, LLC		
		303 S Laurel Avenue, Sanford, FL 32771	■ Remove
			Change
			IALLE Discourse
			OF STAND Remove
			☐ Change
			Remove
			□ Change
 -			Add
			Remove
			□ Change

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fective date, if other than the neffective date is listed, the date in this cument's effective date on the	block does not me	et the applicab	date of filing or r le statutory filir	(o nore than 90 days a ng requirements,	ptional) itter filing.) this date v	Pursuan vill not	it to 605.0 be listed
record specifies a delay The 90th day after the re		te, but not a	an effective	time, at 12:0	1 a.m. c	n the	earlie
July 30th	<u> </u>	2019	. '				
				—			
A				<u>,</u> ;			
	 Signature of a me 	mber or authori	zed representativ	e of a member			

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

Page 3 of 3

Filing Fee: \$25.00