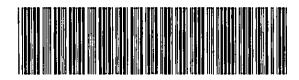
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(Requestor's Name)
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DIVISION OF CURPORATIONS

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COVER LETTER

SUBJECT:	DONNASPO	OT LLC			
SUBJECT		Name of Limi	ted Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please returr	all correspon	dence concerning this matter t	to the following:		
		DONNA L WINTERS			
			Name of Person		
			Firm/Company		
628 NE MARANTA TERRADO					
			Address		
		JENSEN BEACH, FL 349.	57		
			City/State and Zip Code		
		DONNA.WINTERS@DYN	JASPOT.COM		
		E-mail address: (t	o be used for future annual report notifi	ication)	
For further i	nformation co	ncerning this matter, please ca	all:		
DONNA L	WINTERS		772 225-7558 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for the	e following amount:			
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

DONNASPOT LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on JUNE 5, 2017 and assigned
Torida document number L17000121977	
his amendment is submitted to amend the following:	liability company here: .iability Company." the designation "L.L.C." or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited	liability company here:
EXTREME SONAR LLC	
he new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or the abbreviation: L.C."
Enter new principal offices address, if applicable:	0 2
Principal office address MUST BE A STREET ADDRESS	
	and the second s
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registere registered agent and/or the new registered office address 	d office address on our records, enter the name of the new
tentered agent and/or the new registered office address	<u></u> .
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Planta.
	, Florida
New Registered Agent's Signature, if changing Registered Ag	ent:

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 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>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blo	be specific and ca	mnot be prior to	date of filing or	more than 90 days	after filing.) Po	irsuant to 605.02
ocument's effective date on the De			ne statutory in	mg requirements	, ms duc wi	Thot be listed t
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Page 3 of 3

Filing Fee: \$25.00