## L17000121977

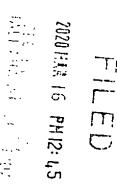
(Re	equestor's Name)	
(Ad	ldress)	
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☐ PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

то:	Registration So Division of Cor		.•		***
cen e		SONAR, LLC	-	•	*Bas
SUBJE	CI:	Name of Lim	ited Liability Company		
The enc	closed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please r	return all correspo	ondence concerning this matter	to the following:		
		Donna Lee Winters			
			Name of Person		_
		Extreme Sonar, LLC			
	-	·	Firm/Company	<del></del>	_
		628 NE Maranta Terrado			
			Address		_
		Jensen Beach, FL 34957			
			City/State and Zip Code		_
		donna.winters@extremesor	nar.com to be used for future annual report	untilization)	
For furt	her information c	concerning this matter, please c	•	nouncation)	
Donna	Winters		772 225-7558	R	
	Name o	f Person		vtime Telephone Numbe	r
Enclose	ed is a check for t	he following amount:			
<b>■</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
	Mailing Address Registration		Street Address Registration		
	Division of C		_	Corporations	
	P.O. Box 632		The Centre of	of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	iability Company as it now appears on of Horida Limited Liability Company)	2017 and assigned
The Articles of Organization for this Limited Liabi Florida document number L17000121977	lity Company were filed on June 5.	2017 and assigned
Fhis amendment is submitted to amend the followi		
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
Sauth Control of the		
B. If amending the registered agent and/or reginagent and/or the new registered office address h		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	
	enter r toruta si	
-	City	Florida 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 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
AMBR	Kimberly Ann Sassler	241 SE Four Winds #2. Stuart, FL 34996	<b>=</b> Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Remove
			□ Change
			□Remove
			□Change

<del></del>
<del></del>
otional) fler filing.) Pursuant to 605.020 this date will not be listed a
(b) The 90th day after the
_

Filing Fee: \$25.00