## L17000167420

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |

Office Use Only



300453898603

07/07/25--01012--019 \*\*25.00

2025 JUL -7 AMII: OU SECRIBLICA SE STATE

y 8/23/2025

## **COVER LETTER**

|                                 | S6B6Net, LLC  |  |   |
|---------------------------------|---|--|---|
| SUBJECT:                        | Name of Lin   | nited Liability Company                            |   |
| 22 1 1 1 4 2 1 2                | and the second second                                 | su de les  |   |
|                                 | Amendment and fee(s) are sub                          | •  |   |
| Please return all correspo      | ondence concerning this matter                        | to the following:                                  |   |
|                                 | Jeffrey Mandel  |  |   |
|                                 |   | Name of Person                                     |   |
|                                 | Sobonet, LLC  |  |   |
|                                 |   | Firm/Company                                       |   |
|                                 | 2652 NE 3rd St  |  |   |
|                                 |   | Address  |   |
|                                 | Pompano Beach, FL 3306                                | 2  |   |
|                                 |   | City/State and Zip Code                            |   |
|                                 | Jeff@SōBōNet.us                                       |  |   |
| For further information e       | e-mail address: (<br>concerning this matter, please c | to be used for future annual report notifi<br>all: | cation)                                       |
| Jeffrey Mandel                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,               | 561 613-3068                                       |   |
|                                 | of Person   | at ()  |   |
| Name o                          | of Ferson   | Area Code Daytime                                  | Telephone Number                              |
| Enclosed is a check for the     | ne following amount:                                  |  |   |
| ■ \$25.00 Filing Fee            | ☐ \$30.00 Filing Fee &<br>Certificate of Status       | ☐ \$55.00 Filing Fee &<br>Certified Copy           | ☐ \$60.00 Filing Fee. Certificate of Status & |
|                                 |   | radditional copy is enclosed)                      | Certified Copy tadditional copy is enclosed   |
|                                 |   |  |   |
| Mailing Addres                  |   | Street Address:                                    |   |
| Registration S<br>Division of C | <b>1</b>  | Registration Sect<br>Division of Corp              |   |
| P.O. Box 632                    |   | The Centre of Ta                                   |   |
| Tallahassee, I                  |   |  | Street, Suite 810                             |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2025 JUL -7 AM 11: 04

SECHLIARY . E.STATE (Name of the Limited Liability Company as it now appears on our records LLAHASSEE, FL (A Florida Limited Liability Company) Sobonet, LLC The Articles of Organization for this Limited Liability Company were filed on August 7, 2017 \_\_\_\_\_ and assigned Florida document number  $\frac{1.17000167420}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2652 NE 3rd St Enter new principal offices address, if applicable: Pompano Beach, FL 33062 (Principal office address MUST BE A STREET ADDRESS) 2652 NE 3rd St Enter new mailing address, if applicable: Pompano Beach, FL 33062 (Mailing address MAY BE A POST OFFICE BOX) B. If amending 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: Name of New Registered Agent: 2652 NE 3rd St New Registered Office Address: Enter Florida street address 

## 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.

Cinv

Pompano Beach

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | Address                 | Type of Action |
|--------------|------------------|-------------------------|----------------|
| MGR          | Jeffrey L Mandel | 2652 NE 3rd St          | □Add           |
|              |                  | Pompano Beach, FL 33062 | □Remove        |
|              |                  |                         | Change         |
| AMBR         | Sophia F Mandel  | 2652 NE 3rd St          |                |
|              |                  | Pompano Beach, FL 33062 | □Remove        |
|              |                  | , <u></u>               | ■ Change       |
| AMBR         | Tyler G Mandel   | 2652 NE 3rd St          | □Add           |
|              |                  | Pompano Beach, FL 33062 | <b>5</b> 0     |
|              |                  |                         | (⋒Change       |
|              | ····             |                         | □Add           |
|              |                  |                         |                |
|              |                  |                         | Change         |
|              |                  |                         | □Add           |
|              |                  |                         | □Remove        |
|              |                  |                         |                |
|              |                  |                         | □Add           |
|              |                  |                         | □Remove        |
|              |                  |                         |                |

| fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant t  |             |
|---|-------------|
| Hective date, if other than the date of filing:   |             |
| Hective date, if other than the date of filing:   |             |
| Hective date, if other than the date of filing:   |             |
| Hective date, if other than the date of filing:   |             |
| Hective date, if other than the date of filing:   |             |
| Hective date, if other than the date of filing:   | <del></del> |
| Hective date, if other than the date of filing:   |             |
| Hective date, if other than the date of filing:   | <del></del> |
| Hective date, if other than the date of filing:   |             |
| Hective date, if other than the date of filing:   |             |
| Hective date, if other than the date of filing:   |             |
| Hective date, if other than the date of filing:   |             |
| Hective date, if other than the date of filing:   |             |
| Hective date, if other than the date of filing:   | <del></del> |
| Hective date, if other than the date of filing:   |             |
| Hective date, if other than the date of filing:   |             |
| Hective date, if other than the date of filing:   |             |
| Iffective date, if other than the date of filing:  [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note:  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be | —           |
| fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant t  |             |
| locument's effective date on the Department of State's records.   |             |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day d is filed.  | after the   |
| Dated July 1 2025   |             |
|   |             |
|   |             |
| Signature of a member of authorized representative of a member  | _           |

Filing Fee: \$25.00