To Page 2 of 6

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5/24/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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Electronic Filing Menu

Corporate Filing Menu

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Page 3 of 6 ,⊺o.

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COVER LETTER

 $\mathbf{10}$: **Registration Section** Division of Corporations

SONO INVESTMENTILLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing,

Please return all correspondence concerning (bis matter to the following:

OMAR NOTARO

..... Name of Person

SONO INVESTMENT LLC

Firm Company

Ŀ,

1571 HARBOUR SIDE DR ----

Address

WESTON, FL 33326 ____

City-State and Zip Code

ACCOUNTING2@SILVASBOX.COM

----____

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

OMAR NOTARO	305	944-9755
Name of Person	_ at () Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filling Fee

🗆 \$30,00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Curtified Copy-(additional copy is enclosed) C \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section. Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section División of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

To: Page 4 of 6 (((H17000227403.3)))

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Name of New Registered Agent-	<u>NA</u>	······
New Registered Office Address:	Enter Florido street address	
	, Florida	Zip Cosle

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 affice 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

To. Page 5 of 6 (((H17000227403 3)))

2017-08-24 15 49 13 (GMT)

1-888-401-1914 From: Silvas Financial Services, LLC

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

Title	Name	Address	Type of Action
AMBR	SOTIELO, BELEL	157) HARBOUR SIDE DR	D Add
		WIISTON, FL 33326	🔤 Remove
			Change
MGR	SOTILLO, MARIA ISABEL	1571 HARBOUR SIDE DR	
		WESTON, FL 33326	
			Change
			🛛 Add
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	·····		🖸 Add
			🔲 Remove
			🗋 Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ive date, if other than the date of filing:		(optional)	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 24		 >	23	
	Signature of a member or authorized representative of a member	<u> </u>	2017 1	630.'p
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