Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H18000242546 3)))



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

"c:

Division of Corporations

Fax Number : (850) 617-8383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010600062

Phone : (3231962-8600

Fax Number

: (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

(b)

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SONAREZ CLOTHING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

K. SALY AUG 21 2018

Electronic Filing Menu

Corporate Filing Menu

Help

والمتحالين والمتحالية والمتحارب والمتحالية و

COVER LETTER

		•	OVERLETTER		
	gistration Sec vision of Corp				
anntean.		othing, LLC			
SUBJECT:		led Liability Company			
The encloses	d Articles of /	Amendment and fee(s) are sub-	nitted for filing.		
Please return	all correspon	idence concerning this matter t	o the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.			
			Firm/Company		
		101 N. Brand Blvd., 11th	h Floor		
Addr			Address		
		Glendale, CA 91203			
		City/State and Zip Code			
		sognarezclothing@gmail		<u> </u>	
		E-mail address: (o be used for future annual report notif	ncadon)	
For further	information o	oncerning this matter, please or	វៀ;		
Cheyenne	Moseley		800 773-0888 e:		
	Name o	Регзов	Area Code Daytimo	e Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00		□ \$30.00 Filing Fee & Certificate of Status	回 \$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: 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

للمنطقة فيقيد التكليف والمرازي المرازي والمرازية والمرازي المتراث والمتراز والمتراز والمتراز والمتراز والمرازي

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LegalZoom com, Inc. From. Laura Rou.

Sonarcz Clothing, LLC		
(Name of the Limited Liab)	lity Company as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Torida document number 1.18000134137	Company were filed on 05/30/2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with 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 ADE	RESSI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
R. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our reco dress here:	erds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ack	thes
		Florida
_ 	City	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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Stephen Bond	609 FISHER CT.	Add
		KISSIMMEE, FL 34759	≝ Remove
<u>AMBR</u>	Stephen Cruz	609 FISHER CT.	E S Add
		KISSIMMEE, FL 34759	В Кеточе
			18 AUG 20 PH 4: 2: SLCANDAS SEE, FLORIDA
			O Add
			Remove
			Add

Annual contraction of the same of the same

D. If ameas	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
(The effect)	e date, if other than the date of filing:	
the date if	his document is filed by the Florida Department of State) A 1905 10	
	Signature of a member or authorized representative of a member	12 Si 8
	Stephen Cruz Typed or printed name of signee	FILED PM 4: 25

Page 3 of 3

Filing Fee: \$25.00

the second secon