7/20/2018

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Account Number : 120020000137 Phone : (904)301-1269 Fax Number : (904)301-1279

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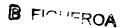
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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FIRST: The r	name of the limited liability company is: Sodawii	ig : ioidigo, 220				
SECOND:	The Florida Document number of the limited liabi	The Florida Document number of the limited liability company is: L18000158932				
HIRD:						
	Document to be corrected is: Articles of O (CHECK THE APPROPRIATE BOX AND COM		ATEME	NT		
) Conta	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected tatement are as follows:					
Inco	prrect managers are listed in Article IV - Mana	gement. The correct statemen	nt is as f	ollows:		
Arti	cle IV - Management. The Company is	a manager-managed lin	nited lia	ability		
cor	mpany and the initial manager is	Cutthroat Capital, LL	.C			
OR						
	defectively signed. The manner in which the docume flows:	nt was defectively signed and the t	appropriat	e correction		
			5-2	~ ~		
			,			
<u>OR</u>				AH II.		
The e	electronic transmission of the record was defective.		.	35		
	72/25	7/20	18			
	Signature of Authorized Representative Ray Driver, Jr., Authorized Representative	Date				
	new registered agent, if applicable :(NOTE: if correct designation).	ing the registered agent, the new re	egistered a	igent must		
pereby acceptions of a	ed Agent's Signature, if changing Registered Agent: pt the appointment as registered agent and agree to a all statutes relative to the proper and complete perform my position as registered agent as provided for in Clige in the registered office address, I hereby confirm to.	mance of my duties, and I am fami hanter 605. F.S. Or. if this docume	illar with t nt is being	and accept t filed to m		
	Registered Ages	nt's Signature	-			
	Filing Fee: Certified Conv.	\$25.00 \$30.00 (options)				