L19000168686

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

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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| | ONOGRAM LLC | | |
|--|---|---|---|
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | `Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | ISAC R CABRERA DIAZ | : | |
| | MIAMESONOGRAM LL | Name of Person | |
| | 8334 BIRD ROAD | Firm/Company | |
| | MIAMI FL 33155 | Address | |
| | INFO@MIAMISONOGRA | City/State and Zip Code .M.COM | |
| | | to be used for future annual report no | (ification) |
| For further information concerning this matter, please c ISAC R CABRERA DIAZ | | all: 305 846-1972 | |
| Name of Person | | at () Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$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 S | Section | <u>Street Address:</u> Registration Se | ection |
| Division of C | orporations | Division of Co | rporations |

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

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

| MIAMI SONOGRAM LLC | | |
|--|--|-----------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records.) itted Liability Company) | |
| The Articles of Organization for this Limited Liability Comp Florida document number L19000168686 | pany were filed on | and assigned |
| 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 I | Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | S) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 8334 BIRD ROAD | |
| | MIAMI FL 33155 | |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ice address on our records, <u>enter the</u> | e name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Floric | da |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Age | ent: | |

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 |
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| an effectiv lote: If th | date, if other re date is listed, the ne date inserted s effective date | he date must be I in this block | specific and does not n | eannot be pricet the app | licable sta | Tilling or me tutory filing | ore than 90 og requirem | (optional days after fili ents, this da | ng.) Pursuant | to 605,02 e listed |
| record spi is filed. | ecifies a delaye | ed effective da | ite, but not | an effective | e time, at 1 | 2:01 a.m. o | on the earli | er of: (b) | The 90th day | after th |
| AU0 ated | GUST LITH | | | 2022 | | | | | | |
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Filing Fee: \$25.00