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(F	Requestor's Name)	
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COVER LETTER

TO:

ΓΟ: Registration Se Division of Co			
SUBJECT:	Fly Feet LL Name of Lin	(C	
5003EC1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing	
	ondence concerning this matter		
	Michae.	/ Vargas Name of Person	
		Firm/Company	
	<i>3561</i> su	177 Ave Address	·)
			; ;; ;;
	C	Z 33029 City/State and Zip Code	
	Sonnybrig E-mail address i	htSc/UtfonsO yma?/. o to be used for future annuar report notif	COM fication)
For further information c	concerning this matter, please c	all:	
Michael V Name o	largas of Person	at (<u>305</u>) <u>790 –</u> Area Code Daytimo	// 8 / c 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 5		Street Address: Registration Sec	ction
Division of C	•	Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee. I	rt. 52314	2415 N. Monro	e Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny us it now appears on our records)	·
(A Florida Limited I	liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000CG18867</u> .	were filed on $01/13/2020$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Sonny Bran+ Solutions The new name must be distinguishable and contain the words "Limited Liabil	LLC lity Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:	3350 SW 148 +H AVE	e
(Principal office address MUST BE A STREET ADDRESS)	350 SW 148 HAVE Suite 110 Miramar FL 33027	1.00
	THOMAN IZ JOCK	
Enter new mailing address, if applicable:		2.3 VI
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>, y</u> , ,
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of t</u>	the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	p Code
N. D. Co I Amend Charles and Co. C. D. Co C. D. Co C. C.		p 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u> </u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
Sexus brightsolut? Sowy B. The new name must be Singuishable and contain the words "Limited Liab"	right Solutions	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3350 SW 148+4	que na
(Principal office address MUST BE A STREET ADDRESS)	Suite 110	132 132
	MITAMAT FL 3302	77 - 1
Enter new mailing address, if applicable:		<u>:</u>
Mailing address MAY BE A POST OFFICE BOX)		$\overline{\mathcal{P}}$
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the na</u>	me of the new registered
New Registered Office Address:		
The state of the s	Enter Florida street address	· · · · · ·
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and ; if this document is

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>	Name	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			☐Remove
	-		
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more the	(optional) an 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	uirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed.	e earlier of: (b) The 90th day after th
ted	
Signatur of a member or authorized representative of a re	nember