L20000 35066

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COVER LETTER

SUBJECT: Si A	es Sonic Co Name of Limit	onstruction L. Led Liability Company	L.C
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	Irimar	hadrage Z Name of Person	
		Firm/Company	
	903 S. Di	Sotron Aug Address	
	Minneola F	City/State and Zip Code	
	Irimar rodrice E-mail address: (to	She used for future annual report notifi	cation)
For further information ed	oncerning this matter, please ca	11:	
Irinar h	Odriguz Person	at (<u>35Z)_53<i>0</i>-4</u> Area Code Daytime	5283 Telephone Number
Enclosed is a check for the	e following amount:	,	
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

Division of Corporations

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	apany as it now appears on our records.) ad Liability Company)
(A Florida Limite	ed Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on $i - 29 - 2020$ and assigned
Florida document number <u>L2000035066</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Liz	ability Company," the designation "LLC" or the abbreviation L.C."
Enter new principal offices address, if applicable:	A TO
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
	COC D STA
	No. 100 No. 10
Enter new mailing address, if applicable:	m 2
(Mailing address MAY BE A POST OFFICE BOX)	
	e address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	11.

res registered Agent's inguature, it 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

, 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	Address	Type of Action
MGL	Juan hodriguez	314 Bloxan Auc, Cleimont SI,	Z Add
		34711	□Remove
			□Change
MGR	Fermin Mota	903 S. Disslon Aug	thad
		minneola fl 34715	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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			□Remove
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			□Remove
			□Change

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(If an ef <u>Note:</u>	ive date, if other than the date of filing: 1-27-2020 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
не гесон	d 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 led.
ord is fi	
	March 5 2020.
	March 5 2020 Signature of a member or authorized representative of a member Trimar Bodrigut Typed of printed name of signee