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2020 STR 28 PH 1: 15

Amend

MAY 13 2020 I ALBRITTON

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	SoneRM	ED LLC	
	Name of Lim	ited Liability Company -	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	-
		TNIEL MADER	<u> </u>
	50	NERMED LL Firm Company	. <u>C</u>
·	433	> PLAZA REAL	ste 275
	Boca	RATON FI 3	3132
	INFO @	SONERHED . Com to be used for fluture annual report notifica	tion)
For further information co	oncerning this matter, please co	all:	
DANIEL Name of	MADERO Person	at (888) 875- Area Code Daytime Te	500 A elephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	ection	Street Address: Registration Section	
Division of Corporations		Division of Corporations	

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

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**

tability Company as it now uppears on our records.)
londa Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Cin

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

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
			□Remove
			□Change
			☐ Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Remove
			□ Change
			
			□Remove

______ □Change

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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 -	
Note: If	ive date, if other than the date of filing: We date is listed, the date must be specific and cannot be pain to date of filing or more than 90 days after filing.) Pursuant to 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as its effective date on the Department of State's records.
record sp d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a,m, on the earlier of: (b) The 90th day after the
Dated	04/08 Docustaned by: 2020. Daniel Madero
	E61C1AEFC9B2441.
	Signature of a member or authorized representative of a member
	DANIEL MANERO