Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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To: Page 3 of 7 Division of Corporations

Jun. 22. 2020 3:30FV

No 1895 P. 4

COVER LETTER

	Registration Sc Division of Cor			
erro rec	SONNIG L	LC		
SUBJEC	A:	Name of Limi	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspon	adeuce concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		Daytime Telephone Number \$ 560,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ### COURIER ADDRESS: tion Section of Corporations
			Ріпп/Совармау	
		101 N Brand Blvd 11th Fl		
			Address	·····
		Glendale, CA 91203		
			City/State and Zip Code	
		souniglic@yahoo com		
		E-mail address: (i	in he used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	111;	
Cheyenn	ie Moseley		800 773-0888	
	Name of	Person	Aren Code Daytime	Telephone Number
Enclosed	lis a check for th	ne fullowing amount:	·	
	00 Filing Fee	🗆 \$30,00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	Registration Section Division of Corpor Clifton Building	n ations

Taliabassee, FL 32301

Jun 22. 2020 3:29FY

No. 1895 P. 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SONNIGILIC	<u> </u>						
(Name of the United Liability Company as it now appears on our real (A Florida Limited Liability Company)	records.)						
The Articles of Organization for this Limited Liability Company were filed on 04/27/2020 Florida document number L20000112724	and assigned	d					
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	m "LLC" or the abbreviation "LL.C."						
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)							
	<u> </u>						
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 re- registered agent and/or the new registered office address here:	ecords, enter the name of t	he ne					
Name of New Registered Agent:							
New Registered Office Address: Enter Florida street	s adites						
	. Florida						
City	Zip 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

lus 22 2025 3:29EV	•		No 1896 ?	. 7
Jun. 22. $-2020-3:29FV$ If amending Authorized Person(s) a	uthorized to manage,	eater the title, name, ar	id address or each person	uving added
or removed from our records:	•			

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	SUARRZ, MARGARITA	13882 MARTINIQUE DR.	
		SEMINOLE, FL 33776	≅ Remove
			□ Change
MGR	Margarita Suarez	13882 Martinique Dr	≅ Add
		Seminole, FL 33776	☐ Remove
			Change
			Remove
			Change
			□ Remove
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Tective date, if other than the date of filing in effective date is listed, the date must be specific and sate. If the date inserted in this block does not incument's effective date on the Department of St	camot be prior to date of f cet the applicable statut	iling or more than 90 days a	ptional) after filing.) Pursuant to this date will not be	605.020 Listed a
tunem's execute one on the Department of St	au 3 1000103.			
record specifies a delayed effective do The 90th day after the record is filed.	^			ırller o
ted June 19,	2024	: M++2AM	, 1000 1	
V	MAL	MANAGE		
Signature of a tr	ember or au de lized repri	e entally of a member		

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Filing Fee: \$25.00