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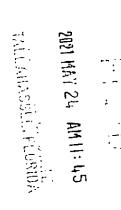
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Eiling Officer
Special Instructions to Filing Officer:





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COVER LETTER

Division of Corporations	
SUBJECT: RRR PONOLOGI SONICOS	
Name of Limited Lizbility Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Simone Henry Name of Person	
Rele Paralegal Services	
315 N9th St Apt A	
FOX+ PIECCE, TJ 34950 City/State and Zip Code	
Simone Nenry 636 amail. Com E-mail address: (to be used for further annual report notification)	
or further information concerning this matter, please call:	
Name of Person at (954) 822 1297 Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times\$ \$30.00 Filing Fee & \$\times\$ \$55.00 Filing Fee & \$\times\$ \$60.00 Filing Fee, Certificate of Status \$\times\$ (additional copy is enclosed) \$\times\$ Certificate of Status \$\times\$ Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahagaan El 22214

TO:

Registration Section

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- ICICIC Paralegal Services		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ompany)	
The Articles of Organization for this Limited Liability Company were file	dom 08/03/2020	
Florida document number 20000237769	and assign	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compan	ny," the designation "LLC" of the abbreviation "LLC"	
Enter new principal offices address, if applicable:	202	
(Principal office address MUST BE A STREET ADDRESS)	3	
	AS 2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	5	
	3,5	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new reg	istere
Name of New Registered Agent:		
New Registered Office Address:		
En	ster Florida street address	
City	, Florida	
City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

 $\Delta \Delta \Delta \Delta$

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 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 Type of Action Address
719 NW CARD?NAL DZINE Title Name MGR RODRICK D. Spivey 7SL 7L 34983 **B**Add □ Remove □Change FLADR SIMONE HENRY □Add To Simone Henry (No Comma") Achange \square Add <u>≥</u> □Remove 星 二□Change 45 □Add ☐ Remove Change □ Add Remove □Change □Add ☐ Remove ☐ Change

amending any other information, enter change(s) here: (Attac	en agamonai sneess, y nexessavy.)
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	HA) 24
	
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	RD 5
ffective date, if other than the date of filing:	(optional)
an effective date, it other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable state	filing or more than 90 days after filing.) Pursuant to 6
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day a
l is filed.	
ated 05/19/2071	
Simulated 05/19/2071 Signature of a member or authorized representation of the state of the sta	