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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ITAX GROUP, LLC Account Number : 120140000115 Phone : (813)882-8426 Fax Number : (813)884-0263

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SONY INTERIOR SERVICES LLC

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## COVER LETTER

|                  | Registration Se<br>Division of Cor   |  |   |   |   |   |
|------------------|--|--|---|---|---|---|
|                  |  | ERIOR SERVICES LLC                                 |   |   |   |   |
| SUBJEC           | :T:  | Name of Lin  | nited Liability Company .   |   |   |   |
| The enck         | oxed Articles of A   | Amendment and fee(s) are sub                       | omitted for filing.   |   |   |   |
| Please re        | turn all correspo  | ndence concerning this matter                      | to the following:   |   |   |   |
|                  |  | DE SANZO CARVALHO                                  | , HERICKSON   |   |   |   |
|                  |  |  | Name of Person  | <u> </u>                                    |   |   |
|                  |  | SONY INTERIOR SERV                                 | ICES LLC  |   |   |   |
|                  |  |  | Firm/Company  |   |   |   |
|                  |  | 2280 NORMAN DR                                     |   |   |   |   |
|                  |  | <del></del> ,                                      | Address   |   | 282<br>17A[                                   |   |
|                  |  | CLEARWATER, FL 3376                                | 5   |   | <b>2021 JUN   L</b><br>SECRETARY<br>ALLAHASSE | 7 |
|                  |  |  | City/State and Zip Code   |   | N I L   |   |
|                  |  | SONYCARVALHO33@G                                   |   | ,   | rm.   | ה |
| For furth        | er information co  | E-mail address; ( procerning this matter, please o | to be used for future annual report notifiall:  | ication)                                    | PH 3: 1                                       | Ö |
|                  |  | D, HERICKSON                                       | 727 301-1244  |   | 21<br>103                                     |   |
| -                | Name of  | Person   | at () Area Code Daytime   | Telephone Number                            | <del></del>                                   |   |
| Enclosed         | is a check for th  | e following amount:                                |   |   |   |   |
| <b>■ \$25.</b> 0 | 00 Filing Fee  | □ \$30.00 Filing Fee &<br>Certificate of Status    | ☐ \$55.00 Filing Fce & Certified Copy (additional copy is enclosed)                               | Certified                                   | c of Status &                                 |   |
|                  | Mailing Address<br>Registration S<br>Division of Co<br>P.O. Box 632'<br>Tallahassee, F | ection<br>orporations<br>7                         | Street Address: Registration See Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL | porations<br>allahassee<br>Street, Suite 81 | 10  |   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SONY INTERIOR SERVICES LLC   |   |   |   |
|--|---|---|---|
| (Name of the Limite)   | d Liability Comps<br>A Florida Limited                | iny ay it now appears on our re<br>Liability Company) | ecords,)  |
| The Articles of Organization for this Limited Lia Florida document number L21000230619   | •   | were filed on 05/18/2021                              | and assigned  |
| This amendment is submitted to amend the follow  | wing:   |   |   |
| A. If amending name, enter the new name of   | the limited liab                                      | ility company here:                                   |   |
| The new name must be distinguishable and contain the wo  | rds "Limited Liabi                                    | lity Company," the designation '                      | 'LLC" or the abbreviation "L.L.C."                                |
| Enter new principal offices address, if applica  | ble:  | 12023 TUSCANY BAY E                                   | PR  |
| (Principal office address MUST BE A STREET   | (ADDRESS)   | APT 303   |   |
|  |   | TAMPA, FL 33626                                       |   |
| Enter new mailing address, if applicable:  |   | 12023 TUSCANY BAY E                                   | DR  |
| (Mailing address MAY BE A POST OFFICE B  | (OX)  | APT 303   |   |
|  |   | TAMPA, FL 33626                                       |   |
| B. If amending the registered agent and/or registered affice address  Name of New Registered Agent:  | here:   | address on our records, en                            | nter the name of the new registere                                |
| New Registered Office Address:   | 12023 TUSCA   | NY BAY DR, APT 303                                    |   |
|  | Enter Florida street ad                               |   |   |
|  | ТАМРА   | City:   | Florida 33626 Zip Code  |
| New Registered Agent's Signature, if changing Re   | gistered Agent:                                       | •   |   |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the proper acceptance of the proper acceptan | r and complete<br>tered agent as p<br>gistered office | performance of my dutie,<br>provided for in Chapter 6 | s, and I am familiar with and<br>05, F.S. Or. 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        |   | Address | Type of Action |
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| D. If amending any other in                        | formation, enter change(s) here: (Attach additional sheets, if necessary.)   |                     |
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| f the record specifies a delayed elected is filed. | ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  | he                  |
| Dated JUNE 14TH                                    | 2021   |                     |
| Monicho  | Signature of a member of authorized representative of a member   |                     |
| DE SANZO CAR                                       | Signature of a member of authorized representative of a member  VALHO, HERICKSON   |                     |
|  | Lyped or printed name of Surner  |                     |