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COVER LETTER

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TO:	Amendment Section Division of Corporations	
SUBJI	ECT: Songi D'Oro LLC	
Name	of Corporation	
	JMENT NUMBER: L21000446606	s %
The en	iclosed Statement of Change of Registered (Office/Agent and fee are submitted for filing
Please	return all correspondence concerning this n	Office/Agent and fee are submitted for filing JAN 23 AN IZ: 00 STATE FILE
Victor	Monzon-Aguirre	
Name	of Contact Person	E- 3
Songi	D'Oro LLC	
Firm/C	Company	m 0
814 Pc	once de Leon Blvd. Suite 306	
Addre	SS	
	Gables. FL 33134	
City/S	tate and Zip Code	
	VMonzonAguirre@Gmail.cor	
E-mai	I address: (to be used for future annual	report notification)
For fu	rther information concerning this matter, pl	ease call:
Victor	Monzon-Aguirre	at (786) 236-3854 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the I	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2023

VICTOR MONZON-AGUIRRE 814 PONCE DE LEON BLVD SUITE 306 CORAL GABLES, FL 33134

SUBJECT: SONGI D'ORO, LLC Ref. Number: L21000446606

We have received your document for SONGI D'ORO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall **OPS Clerk**

Letter Number: 423A00000506

DIV. of Corpiration

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COVER LETTER

SUBJECT: Songi D'Oro LLC Name of Corporation DOCUMENT NUMBER: L21000446606 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Victor Monzon-Aguirre Name of Contact Person Songi D'Oro LLC Firm/Company 814 Ponce de Leon Blvd. Suite 306 Address Coral Gables, FL 33134 City/State and Zip Code VMonzonAguirre@Gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Victor Monzon-Aguirre Name of Contact Person Name of Contact Person S283 AR 72: 000 A 786 Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State.	TO: Amendment Section Division of Corporations			
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	Victor Monzon-Aguirre 236-3854			
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Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee. FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

11.00

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. (a)	814 Ponce de Leon Blvd.	(b) 814 Ponc	e de Leon Blvd.	
·· (·•)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	·,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 306		Suite 306		
	Coral Gables, FL 33134		Coral Gat	oles, FL 33134	
	10/23/2021		L21000446	6606	
}_	Date of filing/registration in Florida	4.	-	Document number	
i. (a)	Inc. Authority RA				
·. (a)	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of Sta	te: S N	
	390 North Orange Ave.			023 E CC	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>		
	STE 2300-N			FIL 2023 JAN 23 SECRETAL AHAS	
	Orlando . F	32801			
	Victor J. Monzon-Aguirre			AM 12: 00	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
					
	814 Ponce de Leon Blvd.			_	
	NEW Registered Office Address:				
	Suite 306			_	
	Coral Gables	33134			
hange igent v yaş/wç	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited ligger authorized by an affirmative vote of the members of organization or the operating agreement of the	e register iability co of the lin c limited	ed office an ompany, it i nited liabilit liability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in appany.	
<u>U(0</u>	10 THE SAME	Vic	tor J. Monzo		
l herel provisi he obl o mëre	ture of a member of authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.	neriorm	ance of pri	dities, and Lam familiar with and accept	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00