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## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	CMM SErvi Name of Lin	CES LLC nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
ŕ		Name of Person  MM SErvices L Firm/Company	LC	
	2471	N.W. 81 TEMACE Address		- (%)
	Miami	F1 33147 City/State and Zip Code		
		FCPCISE @ GYMGI to be used for future amus Leport notif	LCOM V	
For further information c	oncerning this matter, please ca		r-	THE STATE
David/ Name o	MINEY FPerson	at (954) 267- Area Code Daytime	9853 Telephone Number	(IE
Enclosed is a check for the	ne 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 Filin Certificate ( Certified Co (additional co)	of Status &
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22 O00 / 1 93 85</u> .	were filed on $3/9/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  SONECG Limited Liqu  The new name must be distinguishable and contain the words "Limited Liabileters".	<del></del>
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1465 N.E. 123 St #807 North Miami, Fl 33161
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1465 N.E. 1235+# 807 North Miami, Fl. 33161
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address  Floridar
	City Zip Code
CONTRACTOR AND ADDRESS AND ADD	

## 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 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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ffective date, if other t an effective date is listed, the otte: If the date inserted ocument's effective date	e date must be specific as in this block does not on the Department of	nd cannot be prior to meet the applicab State's records.	date of filing or mo le statutory filing	re than 90 days a requirements.	this date will	not be l	isted a
record specifies a delayed is filed.			e, at 12:01 a.m. o	the earlier of:	(b) The 901	h day a	iter the
ated July 1	2,2024 Day	A Dulla member or authoriz					
	Signature of a	i member or authoriz	ted representative of	t a member			

Filing Fee: \$25.00