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(Re	questor's Name)	
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COVER LETTER

TO: Registration So Division of Cor					
SUBJECT:	SO Name of Lim	10 Harine L	LC		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Nat	halie O'Reil	14		
		Firm/Company			
	8682 Bri	dle Path Ct Address	#105A	20	
				2022 DEC	
	Natorei	FL. 33328 City/State and Zip Code (1140 hof mail of topse dised for future annual report not	Com	-5 F	
For further information of	e-mail address: (F1 10: 58	14
Name o	f Person	at (134) 2949 Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Se	ection		
Division of C	orporations	Division of Co	rporations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SONO HO (Name of the Limited Liability C	rine LLC	our records.)		
(Name of the Limited Liability C (A Florida Lir	nited Liability Company)	 -		
The Articles of Organization for this Limited Liability Com Florida document number $\bot220041648$.	pany were filed on9	1/23/2022	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
		-		
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "LLC" or the abbrev	iation "L.	L.C.
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u> </u>	201	
			20	··· , " _
		(T)	 	- B
Enter new mailing address, if applicable:		ب بر پر	<u>ئ</u>	
•				•
(Mailing address MAY BE A POST OFFICE BOX)		171	-	
			(2)	
	PP 11			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	nice address on our reco	rds, <u>enter the name of</u>	tne nev	v registered
agent analog the new registered office address nere				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida	street address		
	Aprile 1 Millian			
	City	, Florida	Lip Code	
	Cuv	•	лр Соив	

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

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>	<u>Name</u>	Address	Type of Action
MGR	Shawn M. O'Reilly	8682 Bridle Path (1 Davie Fl. 333	.28 Add
	·		□Remove
			Change
AMBR	Shown Tl. O'Reilly	8682 Brickle Porth (+ Davie 713	33 z §
			Remove
			□Change
			□ Add
		SEO	202 DRemove
			Cil Change
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an effective date is li	other than the date isted, the date must be sp iscrted in this block do be date on the Departn	ecific and croes not me	et the appli	cable statuto	ng or more tha	ın 90 days a	etional) fter filing.) F this date w	Pursuar ill not	nt to 605 t be liste	.020 ed a
		, but not a	n effective t	imc, at 12:0	l a.m. on the	earlier of:	(b) The	90th d	lay after	r the
ocument's effectiv	delayed effective date									
ocument's effective record specifies a l is filed.	delayed effective date		202 A	2.						

Filing Fee: \$25.00