

Florida Department of State

H24000294336 3

Division of Corporations
Electronic Filing Cover Sheet

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(((H24000294336 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 AUG 30 AM 11:38

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SONEI VENTURES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

AUG 30 2024

To:

Page: 2 of 4

2024-08-31 03:16:17 UTC-14

18506176383

From: ZenBusiness User

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SONEI VENTURES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/13/2023 and assigned
Florida document number L23000183868.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

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

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF STATE
TAMM HALL
MONTGOMERY ALABAMA 36103

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Business Purpose : Sales of collectible items like fashion, jewelry, handbags, watches, coins, sport memorabilia,
and trading cards.

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 30th, 2024

/s/ Sonny T Truong

Signature of a member or authorized representative of a member

Sonny T Truong

Typed or printed name of signee