## L23000 191 127

(	Requestor's Name)	
(	Address)	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
	City/State/Zip/Phone #)	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAI  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	WAIT MAIL	
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## **COVER LETTER**

	Registration Se Division of Cor			٠
end nec		SO GOOD , LLC		
SUBJEC		Name of Lin	nited Liability Company	
The second	1	A d d		
		Amendment and fee(s) are sub	_	
ricase ren	ин ан согтеѕрс	ondence concerning this matter	to the following.	
		ANDRES MANZANILLA		
			Name of Person	
		SOUNDS SO GOOD, LI	_C	
			Firm/Company	
		11269 SW 112TH Circle	: Ln E	
			Address	
		MIAMI, FL 33176		
		ANDDECMANIZANILLAG	City/State and Zip Code	
		ANDRESMANZANILLA@ E-mail address: (	to be used for future annual report not	ification)
For furthe	r information c	oncerning this matter, please c	all:	
ANDRES MANZANILLA		310 7397215		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed i	is a check for th	ne following amount:		
\$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>lailing Addres</u> Registration S		<u>Street Address:</u> Registration Sc	ection
Division of Corporations			Division of Cor	rporations
	P.O. Box 632 Tallahassee, 1		The Centre of T 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	lity Company as it now appears on our records.) da Limited Liability Company)			
(A Florid	la Limited Liability Company)			
The Articles of Organization for this Limited Liability C Florida document number L23000191127	ibility Company were filed on 04/18/2023			gned
Florida document number	<u>—</u> ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the a	ibbreviati		C."
Enter new principal offices address, if applicable:			023 H	
	DECC)	-	7	- 1
(Principal office address MUST_BE A STREET ADD)	<u> </u>		<del>-</del> 2	;
		<del></del>	P	
		المن الما	9	
Enter new mailing address, if applicable:			_ <u>::</u> _	
(Mailing address MAY BE A POST OFFICE BOX)		וֹרי.		
B. If amending the registered agent and/or registere	ed office address on our records, enter the nar	ne of th	e new	register
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				<u>.</u>
	Enter Florida street address			
	, Florida			
	City	Zip	Code	
New Registered Agent's Signature, if changing Registere	ed Agent:			

New regimes on regime a regiment of it changing registered regime.

COLINDO CO COOD

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	ANDRES MANZANILLA	11269 SW 112TH Circle Ln E, MIAMI, FL, 33176	5, t ■Add
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Effectiv	e date, if other	than the date of ne date must be speci	filing:	sing to data of f	Linear and the control of the contro	(optiona	) 	ስንስን /
Note: 1	f the date inserted	l in this block does	not meet the app	plicable statut	ory filing require	ments, this da	g.) rursuant to 605. te will not be liste	d as 1
docume	nt's effective date	on the Departmen	nt of State's reco	rds.				
e record rd is file		ed effective date, b	ut not an effectiv	e time, at 12:0	I a.m. on the ea	rlier of: (b)	The 90th day after	the
ra is me	a.							
۸, ۱	1AY 5TH		2023					
Dated _			,	<u> </u>				
				1 who				
		Signatur	e of a member or a	unorized repre	sentative of a men	iber		