9/11/23, 3 20 PM

Division of Corporations

13236068205

# Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

(((H230003196183)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZODH.COM INC.

Account Number : 12001000062 Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*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 SONO WAY, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu — Corporate Filing Menu

Help

From, Rajiv Srivastava

9/8/2023 8:51 PM Fedex Office 0496

Page 1 of 8

#### **COVER LETTER**

TO:	Registration So Division of Co						
\$108 He0	SONO WA	AY, PLLC					
aunura		Name of Luni	ted Linkifity Company				
The enci	losed Articles of	Amendment and fee(s) are sub-	nitted for filing.				
Please re	tum all correspo	ondence concerning this matter (	o the following:				
		Choyenne Moseley					
		the fields the committee and the grade are conducted the field of the field of the conducted the field of the	Name of Person				
		Legalzoom.com, Inc.					
		Firm/Company					
		101 N Brand Blvd 11th Fl					
		Addiess					
		Glendale, CA 91203		·			
		City/State and Zip Code uparikh05@yahoo.com					
		E-mail address: (to be used for future annual report notification)					
For Earth	er information e	oncerning this matter, please ca	n:				
Cheyenr	ne Moseley		800 773-0888				
	Name o	f Person	at ()	: Telephone Number			
Hinclosed	l is a check for t	he following amount:					
D \$25.6	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	мац	ING ADDRESS:	STREET/COURT	ER ADDRESS:			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 ĩo

9/8/2023 8:51 PM Fedex Office 0496

Page 2 of 8

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SONO WAY, PLLC (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  $\frac{07/24/2023}{2}$ and assigned Florida document number L23000348306 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 "L1.0." 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

#### 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

9/8/2023 8:51 PM Fedex Office 0496

Page 3 of 8

13236068205

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

Ĭο

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Mitesh Parikh	110 Indigo River Point Jupiter, FL 33478	
			☐ Remove
			Change
<del></del>			
			□ Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		Add
			D Remove
			Chunge
			Remove
			D Change
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change

(If an c Note	(optional)  ffective date, if other than the date of filing:  ffective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Datec	September 7th 2023.

Page 3 of 3

Filing Fee: \$25.00