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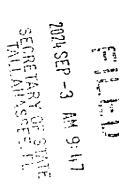
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TO: Registration Sec Division of Cor			•	
SUBJECT. Sonic Solu	tions L.L.C			•
SUBJECT: Source Solin		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Sonic Karayel		-3444	_
		Name of Person		
	Sonic Solutions LLC			
		Firm/Company		- 2 0
	382 NE 191st St STE 241	818		ECR FAI
		Address		2024 SEP -3 AM 9: 47 SECRETARY OF STAT
	M' 'FI 22170			正式 3 正式 3 で 3
	Miami FL 33179	City/State and Zip Code		
	coachsonic18@gmail.com	City/State and Zip Code		
		(to be used for future annual report not	fication)	
For further information c	oncerning this matter, please c	all:		
Sonic Karayel		at (941) 7023354		
Name o	f Person	Area Code Daytim	e Telephone Numb	er
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)	Certifie	Filing Fee, cate of Status & ed Copy hal copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ction	
Division of C		Division of Cor		
P.O. Box 632		The Centre of T		
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite	810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2024

SONIC KARAYEL 382 NE 191ST ST STE 241818 MIAMI, FL 33179

SUBJECT: SONIC SOLUTIONS LLC

Ref. Number: L24000300184



We have received your document for SONIC SOLUTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 424A00018322

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sonic Solutions LLC				
(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on July 3, 202	4	and assigned
Florida document number L24000300184	<u> </u>			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liabi	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	"LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		382 NE 191st STE 2418	18	<u> </u>
		Miami FL 33179		
				723
Enter new mailing address, if applicable:		382 NE 191st STE 2418	TALL.	ATSEP STATE
(Mailing address MAY BE A POST OFFICE	E BOX)	Miami FL 33179		δ ω 1
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a ess <u>here</u> :	ddress on our records,	enter the name of	S 9
Name of New Registered Agent:	MGR Sonic Karayel			
New Registered Office Address:	382 NE 191st S	TE 241818 FL		
	· · · · · · · · · · · · · · · · · · ·	Enter Florida street	address	
	Miami		, Florida <u>33179</u>	
		City	Zį	p 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

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	Sonic Karayel	382 NE 191st STE 241818 FL Miami FL 33179	Add
			□Remove
			□Change
MGR	Sonic Karayel	7344 S Serenoa Dr Sarasota FL 34241	□Add
			≣Remove
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ctive date, if other than the date of filing effective date is listed, the date must be specific and	g;	to date of filin	ng or more than	(option 90 days after f	nal) iling.) Pursuant to 605.
If the date inserted in this block does not riment's effective date on the Department of S	neet the applic	able statutor	y filing requi	rements, this	date will not be liste
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ord specifies a delayed effective date, but not	an effective t	ime, at 12:01	a,m. on the	earlier of: (b)	The 90th day after
filed.		-		- ,	-
	2021				
d 8 August	, 2024	—· /			
d 8 August	, 2024				
d 8 August Signature of a	member or auth	drized represe	ntative of a me	mber	

Filing Fee: \$25.00