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To:

Division of Corporations

Fax Number : (850)617-6383

From:

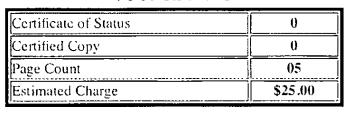
Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453

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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:	EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOONSEE LLC



M. SOLOMON NOV - 7 2024

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COVER LETTER

Division of C						
SOONSE SUBJECT:	SOONSEE LLC					
, , , , , , , , , , , , , , , , , , ,	Name of Lin	ited Liability Company				
The enclosed Articles (of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	LOVETTE DOBSON					
		Name of Person	<u> </u>			
		Firm/Company				
	17350 STATE HWY 249	STE 220	202 SE			
		Address				
	HOUSTON, TX 77064		2024 NOV -7 PM 4: 55 Sechlican Constant Table Hasses, el			
		City/State and Zip Code	——— ശ്രസ ഗാനം സ ചിവ ച			
	EFILE1234@INCFILE.CO	M to be used for future annual report notification	<u> </u>			
or further information	concerning this matter, please c		1 55 25			
OVETTE DOBSON		888-462-3				
Name	of Person	Area Code Daytime Teler	phone Number			
inclosed is a check for	the following amount:					
■ \$25,00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Gertified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addr Registration Division of		Street Address: Registration Section Division of Corporat	ions			
P.O. Box 6. Tallahassee	327	The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOONSI	SE LLC			
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{10/08/2024}{\text{Li}_{2}4000432041}$		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.	C."	
Enter new principal offices address, if applicable:		2021 SE		
(Principal office address MUST BE A STREET ADDRESS)		8	1	
			FARETON FARETON	
		50 C P	m	
Enter new mailing address, if applicable:	to amend the following: It the new name of the limited liability company here: able and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC address, if applicable: IST BE A STREET ADDRESS) If applicable: I POST OFFICE BOX) The above address on our records, enter the name of the new ered office address here: Stered Agent: The Address: Enter Florida street address Enter Florida street address The address: Enter Florida street address Enter Florida street address Enter Florida street address The address: Enter Florida street address Enter Florida street address			
(Mailing address MAY BE A POST OFFICE BOX)		1		
agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the 1	name of the new	registere	
New Registered Office Address:	Enter Florida street address			
	Florida	Zip Code agree to comply with to am familiar with and Or, if this document is		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and Lo provided for in Chapter 605, F.S.	ını familiar with Or, if this docun	and ent is	
If Char	nging 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Tinu Hillman	1322 Evergreen Ave	
		Pittsburgh, PA 15209	Remove
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			□Add
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fective date, if other than the da n effective date is listed, the date must be	te of filing:		(optional)		•
ote: If the date inserted in this block	does not meet the applica	o date of filing or more that ble statutory filing requ	n 90 days after filing.) Pur firements, this date will	not be list	ed as
cument's effective date on the Depa	rtment of State's records.				
			t: (14) 27 00	.1. 1. 5.	.,
ecord specifies a delayed offective d is filed.	ite, but not an effective fir	ne, at 12:01 a.m. on the	earner of: (b) The 90	in day arte	er ene
November 6th	2024	-			
	Elle	n De n			
- Si	nature of a member of autho	rized representative of a n	nember		

Filing Fee: \$25.00