112000/31355

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		:	

Office Use Only



000251476950

09/09/13--01016--020 **25.08

2019 SEP -9 BM 12: 53
SECRETARY OF STATE

SEP 1 1 2013

COVER LETTER

TO: Registration Section
Division of Corporations

CT: Sora Global LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Efrain E Sora

Name of Person

Sora Global LLC

Firm/Company

1530 SW 139 Ave

Address

Miami FL 33184

City/State and Zip Code

esora@soraglobal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Efrain E Sora

_{31/}305₁776-8962

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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)

MAILING ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sora Global LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number L12000131355	Company were filed on Oct. 16, 201	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the desig	nation "Laterpr the abbreviation
Enter new principal offices address, if applicable:		ET TP
(Principal office address MUST BE A STREET AD.	DRESS)	
		EFFLOR
Enter new mailing address, if applicable:		7: 53
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
	, Flo	orida 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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address I	ype of Action
MGRM	Efrain I Sora	8451 SW 72 Terr.	Add
		Miami FL 33143	Remove
MGRM	Roxy-Cary Sora	1530 SW 139 Ave	Add
		Miami FL 33184	Remove
MGRM	Cristina B Sora	1530 SW 139 Ave	- 35 - 54
	Clistilla B Sola		Add
		Miami FL 33184	Remove
			Remove 72: 53
			Add
			Remove
			Add
			Remove
			<u></u>
<u></u>			Add
			Remove

D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
:		
•		
Dated Sep	ot. 5	2013
	Signatur	e of a member or authorized representative of a member
	Efrain E Sora	
	· · · · ·	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

MINSEP -9 PM 12: 53