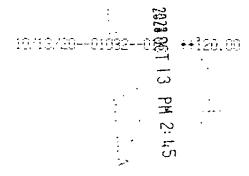
L17000020232

| (Re | questor's Name) | - |
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| (Ad | dress) | |
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| | | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | <u> </u> |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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US 11/17/20

COVER LETTER

| | Division of Cor | | | | |
|-----------|---------------------------------|---|---|------------------------------|---|
| oup m | | PROPERTIES LLC | • | | • |
| SUBJEC | Z1: | · Name of Lin | nited Liability Company | <u>-</u> | |
| | | | | | |
| The encl | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | | |
| | | | | | |
| | | · | Name of Person | | |
| | | The Mattar Firm | | | |
| | | | Firm/Company | | 227 |
| | | 27499 Riverview Center B | Blvd. Suite 245 | | 2220 OCT 13 |
| | | | Address | | <u> </u> |
| | | Bonita Springs, FL 34134 | | | P |
| | | info@themattarfirm.com | City/State and Zip Code | | PH 2:45 |
| | | • | to be used for future annual r | eport notification | |
| For furth | er information c | concerning this matter, please c | all: | | |
| | | | · · · · · · · · · · · · · · · · · · · | -2222 | |
| | Name o | f Person | at () Area Code | Daytime Telep | hone Number |
| | | | | | |
| | | he following amount: | | | |
| □ \$25.0 | 00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo | | ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | | |
| _ | Mailing Addres | | Street Ad | | |
| | Registration S Division of C | | - | tion Section of Corporati | one |
| | P.O. Box 632 | | | tre of Tallaha | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SONMAY PROPERTIES ELC | |
|--|---|
| (Name of the Limited Liability Company as it no (A Florida Limited Liability Co | w appears on our records.) ompany) |
| The Articles of Organization for this Limited Liability Company were file Florida document number L17000020232 | ed on 01/25/2017 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability com | pany here: |
| The new name must be distinguishable and contain the words "Limited Liability Compar | ny," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
| | 922 |
| | . 00 |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | 13 -0 |
| | 7: 2: |
| | |
| B. If amending the registered agent and/or registered office address on a second office address of the new registered office address here: | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| P | Enter Florida street address |
| | Florida |
| City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

CONMINST DECEMBER THE LEC

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 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 | Ketansinh Gohil and Ami Gohil, Truof the KAMS Trust dated Septemb | ustees er 14, 2020. | ×Add |
| | | 18013 Pine Hammock Blvd, Lute, | □Remove |
| | | Florida 33548 | |
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| | | | □Remove |
| | | <u> </u> | |
| | | : | 2220 □Add |
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| nas been added as a mar | nager of this LLC for estat | te planning purpose | es. |
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| tive date, if other than the date flective date is listed, the date must be see If the date inserted in this block of ment's effective date on the Depart | pecific and cannot be prior to date of t loes not meet the applicable status | filing or more than 90 days at | |
| ord specifies a delayed effective dat îled. | e, but not an effective time, at 12: | :01 a.m. on the earlier of: | (b) The 90th day after t |
| September 14 | 2020 | | |
| ROTA | al | esentative of a member | |