## L0700035300

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## **COVER LETTER**

E Division of Cor	porations				
SONA PRO	PERTIES, LLC				
Name of Limited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	MAHER ALMASSRI				
		Name of Person			
	SONA PROPERTIES, LLC	C			
	-				
	1818 N UNIVERSITY DR				
		Address			
	PLANTATION, FL 33322				
		City/State and Zip Code			
	E-mail address: (t	o be used for future annual report notifi	cation)		
For further information co	oncerning this matter, please ca	ıll:			
MAHER ALMASSRI		at () Area Code Daytime			
Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	e 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:

TO:

Registration Section ·

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

SONA PROPERTIES, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our r ida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 04/03/2007	and assigned
lorida document number L07000035300	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or reg	gistered office address on our re	cords, enter the name of the
registered agent and/or the new registered office ad	<u>ldress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	address
<u>—</u>		_, Florida
	City	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 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 a mending 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	RANIA NAIM ABDELFATTAH	1818 N UNIVERSITY DR	<b></b> ≣ Add
		PLANTATION, FL 33322	Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
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			Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
		·	
	·		F STAFE 29 Change

f amending any other information, of	enter change(s) he	ere: (Attach ada	itional sheets,	if necessary.	)
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ffective date, if other than the date an effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Departn	oes not meet the app	licable statutory f	or more than 90 di iling requireme	_ (optional) ays after filing.) nts, this date v	Pursuant to 605.02 vill not be listed
e record specifies a delayed effe The 90th day after the record is		not an effectiv	e time, at 1	2:01 a.m. c	on the earlier
OCTOBER 9	2015	·			
Magasigna	acture of a member or au	uthorized representa	tive of a member		<u>.</u>
MAHER ALMASSRI	or a monitor of the			910	
	Typed or pr	inted name of signe	e .	EL PER P	d distribute
	$\mathbf{p}_{\mathbf{a}}$	ge 3 of 3	•		2 - 1 - 1

Filing Fee: \$25.00