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COVER LETTER

Registration Section Division of Corporations

TO:

SONA PRO	OPERTIES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAHER ALMASSRI		
		Name of Person	
	SONA PROPERTIES LLO	3	
		Firm/Company	·
	1818 N UNIVERSITY DE	t	
		Address	
	PLANTATION, FL 33322		
	<u> </u>	City/State and Zip Code	
	E-mail address:	to be used for future annual report noti	(tication)
For further information c	oncerning this matter, please c	·	meanony
MAHER ALMASSRI		954 683- 9897	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	-
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SONA PROPERTIES LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/03/2007	and assigned
florida document number 1.07000035300		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		6 -7020 HOV
Principal office address MUST BE A STREET ADDRESS	<u> </u>	0 7!
		<u> </u>
		2 11
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· ω
3. If amending the registered agent and/or registered off	ice address on our records, <u>enter t</u>	ne name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:	41	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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	RANIA ABDELFATTAH	1818 N UNIVERSITY DR	
		PLANTATION FL 33322	■Remove
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			□Add
			□Remove
			□Change
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fective date, if other than the da	ate of filing:			(optional)	
fective date, if other than the date in effective date is listed, the date must be note: If the date inserted in this block	e specific and cannot be proceed the appropriate the appropria	rior to date of filir Micable statutor	ng or more than 90 da v tiling requireme:	ys after filing.) Pur its, this date will	suant to 605.020 not be listed a
ocument's effective date on the Depa			,e1		
record specifies a delayed effective d is filed.	ate, but not an effectiv	e time, at 12:01	a.m. on the earlie	r of: (b) The 90	th day after the
	2020				
NOVEMBER 10		 '/			
nted NOVEMBER 10	125				
My .	gnature of a member or a	h			

Filing Fee: \$25.00