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(Re	questor's Name)	
———————(Ad	dress)	 <u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone #	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Division of Corp	porations		••
SUBJECT:	Sona Photos	Scaphy LLC ided Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	<u>Mamon</u>	a Chaudkry Name of Person	
		Firm/Company	
	10730	Boca Pointe Dr. Address	
		ndo, FL 32836 City/State and Zip Code	
	E-mail address: (1	raphoto graphy. Lom	ication)
For further information co	ncerning this matter, please ca	nll:	
Mano na C	haudhry Person	at (407) 694 Area Code Daytime	-6032 Telephone Number
Enclosed is a check for the	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)
Molling Address		No	

Mailing Address:

TQ:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ny as it now appears on our records.) iability Company)
were filed on May 28, 2008 and assigned
lity company here:
ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
10730 Boca Pointe Dr.
Orlando, FL 32836
10730 Boca Pointe Dr. Orlando FL 32836
ddress on our records, enter the name of the new registere
/A
Enter Florida street address
, FloridaZiv 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 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>	<u>Address</u>	Type of Action
M6RM	Mamona Chaudhy	10730 Boca Pointe Dr. Orlando, FL 32836	□Add
	,	Orlando, FL 32836	□Remove
			EChange
MARM Stephana Ferrell	Stephana Ferrell	1067 Portmoor Way	□Add
		1067 Portmoor Way Winter Garden, FZ 34787	EKemove
			□Change
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			□Remove
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an eft <u>ote:</u>	ive date, if other than the date of filing: 12/31/19 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
ecor is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	December 11 2019.
ated	\mathcal{M}_{i}
ated	Signature of a momber or authorized representative of a member