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Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600

Fax Number

1 (323)790-1990

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SONNA LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

EXAMINER

JUL 2 4 2008

COVER LETTER

TO:	Registration Section Division of Corporation	IS		
SUBJE	CTI Sonna LLC		,	
		(Name of Lin	nited Liability Company)	
	losed Articles of Amendm	, ,	_	
	<u>Fran</u>	cyne Carrillo	(Name of Person)	
	Lega	ilzoom.com, Inc	(Firm/Company)	
	<u>7083</u>	Hollywood Bive		
	Los	Angeles, CA 90	0028 (City/State and Zip Code)	
Por furth	er information concerning	; this matter, please c	eall:	
Franc	yne Carrillo		at (323) 962-8600	D. L. Shorts N
	(Name of Person)		(Area Code & Daytime	i elephone Number)
Énclosed	is a check for the followi	ng amount:		
\$2 5.0		00 Filing Fee & ertificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADI Registration Sec Division of Corp P.O. Box 6327	tion	STREET/COURIENT Registration Section Division of Corporati Clifton Building	

Tallahassoc, PL 32314

2661 Executive Center Circle Tallahassee, PL 32301

Sonna LLQ

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEC		•
AHASSE	JUL 23	FIL
OF STATE E. FLORIDA	3 14 8	ED
	က	

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/02/2008

Florida document number <u>L08000054232</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sonna Enterprise LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Office Address:	(Enter Flo	rida street address)	-
		. Florida	
	(City)	(Zip Code)	-

Now 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 Changing Registered Agent, Signature of New Registered Agent)

<u>`itle</u>	naging Member <u>Name</u>	Address	Type of Action
-9			Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
			Add Remove
. If amendin	g any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	08 SECF
		· ·	FILEI JUL 23 / ANNASSEE
	,		AM 8: 36 FLORIDA

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