L09000050991

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	⇒ #)		
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
· (Dx	ocument Number)			
Certified Copies	Certificates	s of Status		
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S. HAWKES
JUN 1 8 2009
EXAMINER

COVER LETTER

		COVER LETTER	
TO: Registration Solvision of Co			
SUBJECT: 5	ovata Tours	LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Khirane	la Sojo	
		Name of Person	·
	Sonator	Name of Person Fours LLC. Firm/Company	
•			
	<u> </u>	Address DR 349	
	MIAMI LAKES	FI 33014 City/State and Zip Code	
	E-mail address: (t	mic Services groups to be used for future annual report notification	tion)
For further information of	concerning this matter, please co	all:	
MARIANEIA	Sojo	at (305) 777 3 a	811
Name o	f Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	he 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:

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

SONATA TOU	RS, LLC	2	0 1
(Name of the Limited L (A F	iability Company as Iorida Limited Liabilit	it now appears on our records.) ty Company)	File Un C
The Articles of Organization for this Limited Lial	bility Company were	filed on MAY 26 - 200	and assigned
Florida document number L 090000 50	0991	· · · · · ·	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability o	company here:	
<u> </u>		N/A	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Li	ability Company," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applical	ole:	N/A	
(Principal office address MUST BE A STREET	ADDRESS)	•	
	···	·····	
		. /.	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE Be	<u>0X)</u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	N/A		
		Enter Florida street addre	es.
		, Florida	7: 0 1
	City	y	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent;		
I hereby accept the appointment as registered the provisions of all statutes relative to the pro accept the obligations of my position as registabeing filed to merely reflect a change in the recompany has been notified in writing of this change in the ch	pper and complete p ered agent as provid gistered office addr	performance of my duties, and I an ded for in Chapter 608, F.S. Or, if	n familiar with and this document is
	If Changing I	Registered Agent, <u>Signature of New Regi</u>	stered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	Sanaging Member		
<u>Title</u>	Name	Address	Type of Action
HGRM	Sandra Alberti	6625 HIAMI LAKES Dr 347 HIAMI LAKES, FI 33014	Add Remove
MBEM	ITALO ATENCIO	6625 HIAMI LAIKES Dr 347 HIAMI LAIKES, FI 33014	Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	Add Remove
Dated	Signature of a member	er branchorized representative of a member	
	Турес	dor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00