

L10000119816

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H11000204236ABCT

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954) 527-2428
Fax Number : (954) 333-4001

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SONATA GRAND, LLC**

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B. BOSTICK

AUG 17 2011

8/15/2011
EXAMINER



Ruden, McClosky
200 East Broward Boulevard
Fort Lauderdale, Florida 33301
(954) 764-6660 Main Office
(954) 764-4996 Main Fax

Fax Cover Sheet

To: FL SOS Division of Corporations

Company:

Date: 8/15/2011 5:22:50 PM

Fax Number: 18506176383

Pages: 4

From: Saltee, Anne E.

Direct Phone: (954) 527-2428

Direct Fax: (954) 333-4028

Client: 63949

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SONATA GRAND, LLC

(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 NOVEMBER 18, 2010 and assigned
Florida document number L10000119816.

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 end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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

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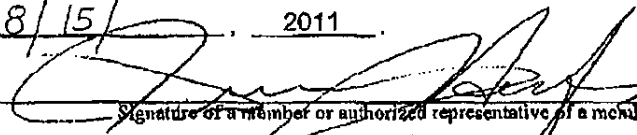
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	DENIS LANQUE	1717 NORTH BAYSHORE DRIVE SUITE 208 MIAMI, FLORIDA 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 8/15/ 2011



Signature of a member or authorized representative of a member
PIERRE HEAFEN
Typed or printed name of signer

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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