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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2 FEB 15 TH & TO

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SONIC PROPERTIES LLC  Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KWONG CHAN Name of Person
Name of Person
SONIC PROPERTIES LLC Firm/Company
Firm/Company
Po Box 6244 Address
Address
WEST PALM BEACH FL 33405  City/State and Zip Code
City/State and Zip Code
Sonic properties 1/c @ gmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KWONG CHAN at (310) 880 2519  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

SONIC PRO	PERTIES	LLC	our recor	de )	_		
SONIC PROPERTIES 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 L. Florida document number $\_ L 11 \phi \phi \phi \phi$		were filed on2_/	18/20	ellan	d assig	med	
This amendment is submitted to amend the foll	owing:						
A. If amending name, <u>enter the new name o</u>	f the limited liabil	lity company here:					
The new name must be distinguishable and end wi 'L.L.C."	th the words "Limit	ed Liability Company,'	the designa	ation "LLC" or	r the ab	breviation	
Enter new principal offices address, if applicable:		9801 SCA	LIBNER	LN	,.,		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		WELLINGTON FL 33414					
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	BOX)						
B. If amending the registered agent and/ registered agent and/or the new registered o	<u>ffice address here</u>	•			المقت	12 mm	
Name of New Registered Agent:	~ -	CHITIO		- <del>%</del> -			
New Registered Office Address:	<u> 4801 S</u>	CRUBNER LI	V Florida stre	not address.	⊒¥ zri	3.1.3	
Name of New Registered Agent:  New Registered Office Address:	MELLING	ToN	, Flori	, Florida 53 43 4			
Via Toutani da al Co	<b>m</b>	City		Zip Code			
New Registered Agent's Signature, if changing	Registered Agent:						

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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 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

<u>Title</u>	<u>Name</u>	•	Address	Type of Action
MGRi	w 188	CHAM	MEST PENNANT HILLS, NSW 2125 AUSTRALIA	_⊠ Add _ Remove
		<del></del>		Add Remove
<del> </del>				Add Remove
				Add Remove
<u> </u>	<u> </u>			Add Remove
<del></del>	-			Add Remove
D. If am	nending any other inf	ormation, enter change(s	s) here: (Attach additional sheets, if necessary.)	-
				-
	13th Februa	0.010		-
Dated	ly L		authorized representative of a member	
	KWONG	CHAN	printed name of cignos	···-

Page 2 of 2

Filing Fee: \$25.00