## LIICOD BAB

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## COVER LETTER

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	Registration Sed Division of Corp			
eun irc		Group LLC		
SUBJEC	l:	Name of Limi	<u> </u>	
The enclo	seed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter		
r rease rec	atti ali correspo	ndence concerning and makes	to the following.	
		Ashok Soni		
			Name of Person	
		·	Firm/Company	<b>7</b>
		201 Hickman Dr		16 SEP 27 PM 3:
			Address	27
		Sanford, FL 32771		
			City/State and Zip Code	16 SEP 27 PM 3: 40
		rugking.info@yahoo.com E-mail address: (	to be used for future annual report noti	fication) 5
For furthe	er information e	oncerning this matter, please ca	all:	
Ashok So	oni		407 687-8447	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for the	ne following amount:		
\$25.0	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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec. FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Soni Realty Group LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor liability Company)	<u>(ds.</u> )		
The Articles of Organization for this Limited Liability Company Florida document number 111000072913	were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<b>一</b>		
(Principal office address MUST BE A STREET ADDRESS)		SEI ANT		
		2 9		
		P Fig		
Enter new mailing address, if applicable:		PH		
(Mailing address MAY BE A POST OFFICE BOX)				
(intuing datess MAT DE A FOST OFFICE BOA)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, enter the name of the new		
Name of New Registered Agent:	- mail-			
New Registered Office Address:				
	Enter Florida street address			
	, F	Florida		
<del> </del>	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete				

If Changing Registered Agent, Signature of New Registered Agent

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
Mgr	Tanner. Patricia		
			Remove
			□ Change
Mgr	Shawna Kerr	1501 S Locust Ave	■ Add
		Sanford, FL 32771	Remove
			Change Child
			Remove To
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
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CC45 d-4-	:C -4hay 4hay 4	La data af fili	09/26/201	6		(ontional)		
an effective date	if other than this listed, the date n	nust be specific a	nd cannot be price	r to date of filing	or more than 90	(optional) days after filing	.) Pursuant to 60:	5.0207 (3
lote: If the date	inserted in this	block does not	meet the appli	cable statutory	filing requirem	ents, this date	will not be list	ed as th
ocument's effec	ctive date on the	Department of	State's record:	S.				
	cifies a delay			ot an effecti	ve time, at	12:01 a.m.	on the earli	er of:
The 90th da	y after the r	ecord is filed	1.					
		١	2017					
ated September	ж 26 ——————	11.	2016	·				
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		14 T ( \ \ \ \						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00