

L11000129125

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

From:
Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SONATA ONE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Electronic Filing Menu

Corporate Filing Menu

Help

07/21/2015 10:18 5612493841

ALLSTATE INSURANCE

PAGE 02/05

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: SONATA ONE, LLC**_____
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:

Cheyenne Moseley_____
Name of Person**Legalzoom.com, Inc.**_____
Firm/Company**100 W. Broadway Suite 100**_____
Address**Glendale, CA 91210**_____
City/State and Zip Code**georgeskhouri@bellsouth.net**_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imelda Vasquez**323 962-8600 ext 7950**_____
Name of Person81 (_____)_____
Area Code_____
Daytime Telephone Number

Enclosed is a check for the 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

07/21/2015 10:18 5512493041

ALLSTATE INSURANCE

2015 JUL 23 AM 8:05

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SONATA ONE, 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 11/14/2011 and assigned
Florida document number L11000129125.

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 "LLC."

Enter new principal offices address, if applicable:

8645 North Military Trail #513

(Principal office address MUST BE A STREET ADDRESS)

Palm Beach Gardens, Florida 33410

Enter new mailing address, if applicable:

8645 North Military Trail #513

(Mailing address MAY BE A POST OFFICE BOX)

Palm Beach Gardens, Florida 33410

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

City

, Florida

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 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 Changing Registered Agent, Signature of New Registered Agent

07/21/2015 10:18 5512493041

ALLSTATE INSURANCE

PAGE 04/05

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Premier Restaurant Operations, LLC	10842 EGRET POINTE LANE	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Remove
MGR	Georges Khouri	8645 North Military Trail #513	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<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

07/21/2015 10:18 5612493041

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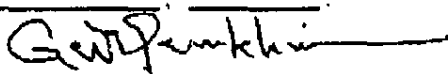
PAGE: 05/05

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 07/21/2015



Signature of a member or authorized representative of a member

Georges Khouri

Typed or printed name of signer

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