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## **COVER LETTER**

TO: Registration So Division of Co			
Sora Globa	al Enterprises LLC		
SUBJECT:	Name of Lim	ited 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:	
	Efrain E Sora	Name of Limited Liability Company  ent and fee(s) are submitted for filing:  oncerning this matter to the following:  a E Sora  Name of Person  Firm/Company  Galiano St., 2nd Floor  Address  Gables, Fl 33134  City/State and Zip Coc.  Psoraglobal.con:  E-mail address: (to be used for future annual report notification)  this matter, please call:  Area Code  Daytime Telephone Number  AP  20  20  20  20  20  20  20  20  20  2	
		Name of Person	
	<del>.</del>	Firm/Company	
	2332 Galiano St., 2nd Floo	or	
	<del> </del>	Address	
	Coral Gables, Fl 33134		
	<del></del>	City/State and Zip Coc.	<del> </del>
	esora@soraglobai.com		
	E-mail address: (	to be used for future annual report notifi	·
For further information of	concerning this matter, please co	all:	2016 I
Efrain E Sora			
	of Person		
Enclosed is a check for t	he following amount:		
<b>■</b> \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Legistration 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

Sora Global Enterprises LLC						
Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	Ŋ			
The Articles of Organization for this Limited Li Florida document number L12000131355	ability Company	were filed on 10/16/2011	and as	signec		
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
Sora Global LLC						
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L	.L.C."		
Enter new principal offices address, if applicable:		2332 Galiano St.				
(Principal office address MUST BE A STREE		2nd Floor				
12		Coral Gables, FL 33134				
Enter new mailing address, if applicable:		2332 Galiano St.				
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33134					
		Cotal Gables, 11, 33134				
B. If amending the registered agent and/or the new registered of			enter the name SECRE	of the new		
Name of New Registered Ager:		<del></del>	<u>क्रि.च</u> ४५३५	<del>22</del>		
New Registered Office Address:	2332 Galiano St., 2nd Floor		<u>~~~~</u>			
		Enter Florida street address	I	>		
	Coral Gables	, Flo	rida <sup>33134</sup> 교실	<u> </u>		
		City	Zip Coo.			
New Registered Agent's Signature, if changing R	legistered Agent:		•-			

! nereby 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

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 = Ma AMBR = Au	anager athorized Member		
<u> </u>	<u>Name</u>	Address	Type of Action
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			Remove
			ු Change
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		***********************	□ Remove
			Change

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Filing Fee: \$25.00