

L13000073623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

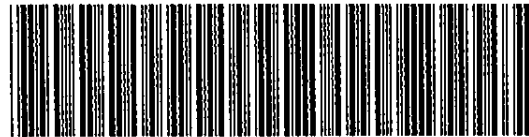
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 02 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations,**

SUBJECT: SonyStyle Store 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:

Bassam Alkowni

Name of Person

Firm/Company

15779 State Road 535

Address

Orlando, FL 32821

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Bassam Alkowni

858

2055268

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount

☒

Filing Fee

☐

\$30.00 Filing Fee &
Certificate of Status

☐

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

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\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Ba.,

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 323

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

Area Code

Daytime Telephone Number

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15 JUL -1 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SonyStyle Store 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 05/17/2013 and assigned
Florida document number L13000073623.

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 contain 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)

15779 State Road 535

Orlando, FL 32821

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15779 State Road 535

Orlando, FL 32821

B. If amending the registered agent and/or registered office address on our records, enter the name of the 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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applica document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

June 23

Signature of a member or authorized representative of a member

BASSAM ALKOWN

Typed or printed name of signee

FILED
15 JUL -1 PM 12:57
STONEY CREEK STATE
TALLAHASSEE, FLORIDA