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Office Use Only



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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Sonal Hold	lings LLC		
Sobilet.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Benita Coriano		
			Name of Person	<del></del>
		Jeeves Holiday Homes		
		<u></u> .	Firm/Company	
		7978 Lake Wilson Rd.		
			Address	<del></del>
		Davenport, FL 33896		
		benny@jeevesfloridarent	City/State and Zip Code als.com	<del></del>
		E-mail address: (	to be used for future annual report notifica	ntion)
For further in	nformation co	oncerning this matter, please co	ill:	
Benita Cori	ano		407 704-8986 ext.	1011
	Name of	Person	Area Code Daytime T	clephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

Sonal Holdings LLC	
(Name of the Limited Liab (A Flor	illity Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 12/21/2015 and assigned
Florida document number L15000211069	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
Sonal Investment NV LLC	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>enter the name of the ne</u> <u>ldress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	ini.k
<del></del>	, Florida

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>	Address	Type of Action
MGR	Sonal Investment N.V. LTD	Clemente Ballen #1027 Y Pio Montufar	□ Add
		Guayaquil, 090307 Ecuador	Lr Add
			Remove
			Change
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Alvarez, Olmedo			المر	go. vacamar ve or a men	<del></del>	

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Filing Fee: \$25.00