

L/60000012019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

* address listed for
new MBR was incomplete
Pulled principal office
address. *Jm* 2/29

Office Use Only



600282230916

02/22/16--01018--027 **25.00

2016 FEB 22 PM 12:59
TALLAHASSEE, FLORIDA

Jm 2/29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sophia Noor, 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:

Adil Bouazzaoui

Name of Person

Sophia Noor, LLC

Firm/Company

3935 MEDITERRANEA CIRCLE

Address

SARASOTA, FLORIDA 34233

City/State and Zip Code

sophianoordesign@gmail.com

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

For further information concerning this matter, please call:

Adil Bouazzaoui

Name of Person

Area Code

at ()

281 979-5115

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)

Certified Copy

☐ \$60.00 Filing Fee,

Certificate of Status &

(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

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

Sophia Noor, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2018 FEB 22 PM 12:53
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/19/2016 and assigned
Florida document number L16000012019.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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

_____, 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>
MBR	Clara C. Herd		<input type="checkbox"/> Add
		3935 MEDITERRANEA CIRCLE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Najat Hussein	9449 Briar Forrest Drive Apt #354	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Feb 17th, 2016

Adil B Durrani

Signature of a member or authorized representative of a member

Adil Bouazzaoui

Typed or printed name of signee