

L16000 201 139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

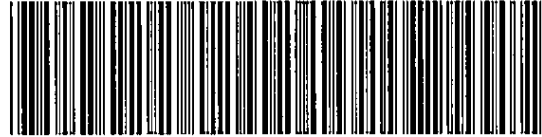
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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*Amend*

OCT 10 2013

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOPHIA OF GATEWAY II, 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:

MOHAMMAD SULEMAN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

9634 BLUE STONE CIRCLE

\_\_\_\_\_  
Address

FORT MYERS FLORIDA 33913

\_\_\_\_\_  
City/State and Zip Code

MASSSOOD786@GMAIL.COM

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

For further information concerning this matter, please call:

MOHAMMAD SULEMAN

516 302-3318  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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DIVISION OF CORPORATIONS  
19 SEP 23 PM 4:18

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 OF GATEWAY II, 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 11/01/2016 and assigned  
Florida document number L16000201139.

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:

MOHAMMAD SULEMAN

New Registered Office Address:

9634 BLUE STONE CIRCLE

*Enter Florida street address*

FORT MYERS

Florida 33913

*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>
AMBR	WLEID SWALLEH	12030 FAIRWAY ISLE AVE	<input type="checkbox"/> Add
		FORT MYERS FLORIDA 33913	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MOHAMMED ZAHRAN	15568 ALTON DRIVE	<input type="checkbox"/> Add
		FORT MYERS FLORIDA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MASSOOD ALI	9634 BLUE STONE CIRCLE	<input type="checkbox"/> Add
		FORT MYERS FLORIDA 33913	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MOHAMMAD SULEMAN	9634 BLUE STONE CIRCLE	<input checked="" type="checkbox"/> Add
		FORT MYERS FLORIDA 33913	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee