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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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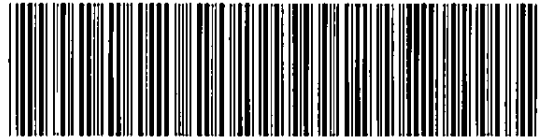
(Business Entity Name)

(Document Number)

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2023 JUN 10 PM  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOPHIA 1220, 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:

RANDA ZAHRAN

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

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

15568 ALTON DRIVE

\_\_\_\_\_  
Address

FORT MYERS FLORIDA 33908

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

RZAHRAN23@ICLOUD.COM

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

For further information concerning this matter, please call:

RANDA ZAHRAN

239 8885655  
at ( )

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2011 JUN 10 PM 4:08  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
REGISTRATION SECTION

SOPHIA 1220, LLC

**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>
MGR	MUSA ZAHRAN	15568 ALTON DRIVE	<input type="checkbox"/> Add
		FORT MYERS, FLORIDA 33908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RANDA ZAHRAN	15568 ALTON DRIVE	<input checked="" type="checkbox"/> Add
		FORT MYERS, FLORIDA 33908	<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]


**E. 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 applicable statutory filing requirements, this date will not be listed as the 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 MAY 30, 2024

 \_\_\_\_\_  
Signature

Signature of a member or authorized representative of a member

RANIDA ZAHIRAN

Typed or printed name of signee

**Filing Fee: \$25.00**

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