3/13/24, 10:27 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000097282 3)))



Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number ; (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068

Phone : (407)326-8484 Fax Number : (407)604-6519

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** eontact@medeirossouza.com

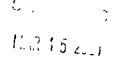
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SONDA REAL STATE INVESTMENT LLC

Certificate of Status Certified Copy 0 01 Page Count \$30.00 Estimated Charge

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Help



TO:

Registration Section

COVER LETTER

Division of Cor	porations		
	EAL STATE INVESTMENT I	LC.	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Rubem Souza		
		Name of Person	
	Medeiros Souza corp		
		Firm Company	
	1711 Amazing Way, Ste 2	13	
		Address	
	Ococe, FL 34761		
		City State and Zip Code	
	contact@medeirossouza.co E-mail address: (n to be used for fature annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Rubem Souza		407 326 - 8484	
Name o	i Person	at ()	e Lelephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	wi wa
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	•
Tallahassee, l		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

company has been notified in writing of this change.

From: RUBEM SOUZA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Same of the Lim	ited Liability Compa (A Fiorida Limited I	ny as it now appears on Jiability Company)	our records.)		•	
The Articles of Organization for this Limited I Florida document number $\frac{1.24000057034}{1.24000057034}$	Liability Company	were filed on $\frac{02.01/2}{}$	024	and a	assigno	:d
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liah	ility company here:				
SONDA REAL ESTATE INVESTMENTS LLC				6	26	
The new name must be distinguishable and contain the Enter new principal offices address, if appli		lity Company," the design	ration "LLC" or the ab	briviation '	ALC:	.,,,,
(Principal office address MUST BE A STREET ADDRESS)					<u></u>	
Trincipii opice minesaririzarini in incipii	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			S	A# 9:	
Enter new mailing address, if applicable:					ယ	
(Mailing address MAY BE A POST OFFICE	(BON)	 				
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:			ds, <u>enter the pam</u>	e of the n	ew re	<u>gistere</u>
March Color Color Aller	1711 Amazing	Way, Ste 213				
New Registered Office Address:		Erger Elovida s	treet address		·•··	
	Ocoec , Florida $\frac{34761}{Zi_l}$			761		
		Circ		Zip Coo	le	
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the abligations of my position as reg- being filed to merely reflect a change in the	per and complete fistered agent as j	performance of my provided for in Chap	duties, and Lam f ster 605, F.S. Or,	amiliar v H this do	vith ar cumer	nd

If Changing Registered Agent, Signature of New Registered Agent

To: Rubern Souza

MGR = Manager

Page: 6 of 7 2024-03-14 13:45.21 GMT

14076046519

From: RUBEM SOUZA

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

AMBR = Authorized Member Type of Action Title Address Name: ______ □Add ______ UChange ______ □Add _____ CRemove □Remove _____ □Change _____ □Remove ______ Change LJRemove ______ □Change

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Dated	Orlando		3/13/2024	01		
he recor ord is (i	rd specifies a delayed effectiv Ned.	e date, but not an e	ffective time, at	12:01 a,m on the	earlier of; (b)	lhe 90th day after tl
(it an er Note:	fective date is listed, the date mus If the date inserted in this bl nent's effective date on the D	che specific and cam ock does not meet i	the applicable st	of timing of more ma	n 90 days after fili irements, this da	g, i Pursuant to 605/0; te will not be listed
Effect	tive date, if other than the	date of filing:			(optiona	l)
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Typed or printed name of signer