



# COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Sonic Solutions 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:

Sonic Karayel  
Name of Person

Sonic Solutions LLC  
Firm/Company

382 NE 191st St STE 241818  
Address

Miami FL 33179  
City/State and Zip Code

coachsonic18@gmail.com  
E-mail address: (to be used for future annual report notification)

FILED  
2024 SEP -3 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Sonic Karayel at ( 941 ) 7023354  
Name of Person Area Code 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)       \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

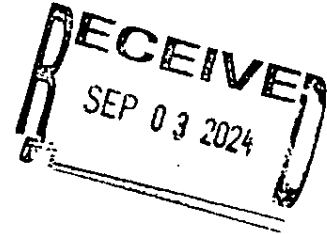


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2024

SONIC KARAYEL  
382 NE 191ST ST STE 241818  
MIAMI, FL 33179

SUBJECT: SONIC SOLUTIONS LLC  
Ref. Number: L24000300184



We have received your document for SONIC SOLUTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 424A00018322



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	Sonic Karayel	382 NE 191st STE 241818 FL Miami FL 33179	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sonic Karayel	7344 S Serenoa Dr Sarasota FL 34241	<input type="checkbox"/> Add
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 SEP -3 PM 9:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2024 SEP -31 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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 8 August, 2024

\_\_\_\_\_  
Signature of a member or authorized representative of a member

MGR  
Sonic Karayel  
\_\_\_\_\_  
Typed or printed name of signer