P9500004109

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C. GOLDEN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SONAY INC		
DOCUMENT NUMBER: P95000004109		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
AROOJ AHMED		
· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1
SONAY INC		
	Firm/ Company	
199 NORTH COUNT	RY CLUB RD	
	Address	
LAKE MARY, FL 327	746	
	City/ State and Zip Cod	e
AROOJ611@YAHOO.COI	М	
E-mail address: (to	o be used for future annual report	notification)
For further information concerning this matter	r. please call:	
AROOJ AHMED	at (463 2069
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Depa	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton	Address Iment Section on of Corporations I Building Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

FILED

SONAY INC	2010 1411 0 000 5
(Name of Corporation :	as currently filed with the Florida Dept. of State)
P95000004109	TALL ALLISSES IATS
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpo	pration:
NOT APPLICABLE	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
). If amending the registered agent and/or registered	
new registered agent and/or the new registered offi	ice address;
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
egistered Agent's Signature, if changing Registe	ered Agent: m familiar with and accept the obligations of the position.
v accept the appointment as registered agent. I a	m familiar with and accept the obligations of the position.
Signatu	re of New Registered Agent, if changing

it amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	2		
X Remove	<u>V</u>	Mike Jon	<u>ies</u>		
<u>X</u> Add	<u>sv</u>	Sally Sm	<u>ith</u>		
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s
1) Change	Р		RAFAT AHMED		990 BURLWOOD CT
Add					LONGWOOD, FL 32750
X Remove					
2) Change	P		AROOJ AHMED		990 BURLWOOD CT
XAdd					LONGWOOD, FL 32750
Remove					
) Change					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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Remove					
Change				····	
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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NOT APPLICABLE	
NOT APPLICABLE	
	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself;	
(if not applicable, indicate N/A)	

	:	, if other than the
date this document was signed.	}	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	·
Note: If the date inserted in this block do document's effective date on the Departmen	nes not meet the applicable statutory filing requirements, at of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amend for approval.	dment(s)
	by the shareholders through voting groups. The following oiting group entitled to vote separately on the amendment(
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareho	lder
11 / 18/2018 Dated		
selected, by an appointed fiduo	president or other officer – if directors or officers have no incorporator – if in the hands of a receiver, trustee, or oth ciary by that fiduciary) T AHMED (Typed or printediname of person signing)	
<u> </u>	(Tale of person signing)	