

L07000039837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

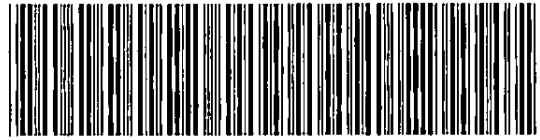
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600403491226

2023 FEB 27 AM 10: 25  
SECTION 11 OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SOUTH ONE 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:

Romulo A Porras  
\_\_\_\_\_  
Name of Person

South One LLC  
\_\_\_\_\_  
Firm/Company

25 SE 2nd Ave. Ste 550- 1083  
\_\_\_\_\_  
Address

Miami, FL 33131  
\_\_\_\_\_  
City/State and Zip Code

info@southonelle.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

STATEMENT OF STATE  
TALLAHASSEE, FL

2023 FEB 27 AM 10:25

**FILED**

For further information concerning this matter, please call:

Romulo A Porras                                  786      5193160  
\_\_\_\_\_  
Name of Person                                  at (\_\_\_\_\_)      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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SOUTH ONE 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 April, 13, 2007 and assigned Florida document number L07000039837

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)**

25 SE 2nd Ave. Ste 550 - 1083

Miami, Florida 33131

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

16146 SW 65 Lane

Miami, Florida 33193

FILED  
2007 FEB 27 AM 10:25  
CLERK OF STATE  
TALLAHASSEE, FL

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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>
Manager	Romulo A Porras Mendoza	25 SE 2nd Ave. Suite 550 - 1083	<input checked="" type="checkbox"/> Add
		Miami, Florida 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Griselda H Castillo	25 SE 2nd Ave. Suite 550 - 1083	<input checked="" type="checkbox"/> Add
		Miami, Florida 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Lizeth Rodriguez Naguanagua	25 SE 2nd Ave. Suite 550 - 1083	<input type="checkbox"/> Add
		Miami, Florida 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Jose Rivas Serrano	25 SE 2nd Ave. Suite 550 - 1083	<input type="checkbox"/> Add
		Miami, Florida 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Gerardo Alcega Morales	25 SE 2nd Ave. Suite 550 - 1083	<input type="checkbox"/> Add
		Miami, Florida 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

SEC. OF STATE  
 TALLAH. SE. FL.  
 2023 FEB 27 AM 10:25  
 FILED

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: February, 23, 2023 (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 February, 23

2023

*Romulo A Porras*

Signature of a member or authorized representative of a member

Romulo A Porras

Typed or printed name of signee

2023 FEB 27 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED