

L11000053761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

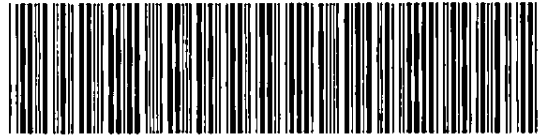
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200304777542

10/23/17--01017--010 **25.00

2017 OCT 23 PM 2:47
CLERK OF SUPERIOR COURT
JULIA A. HARRIS

K SALY
OCT 24 2017

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Softkitt, L.L.C.
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:

Horacio Victor Mangieri
Name of Person
Softkitt, LLC
Firm/Company
290 NW 165th Street Suite PH-5
Address
Miami, FL 33169
City/State and Zip Code
finsolcorp@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Horacio Victor Mangieri at 305 454-0915
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Softkitt, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 OCT 23 PM 2:47
CLERK OF COURT
HILARIOUS, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 5th, 2011 and assigned
Florida document number LI1000053761.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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

| Title | Name | Address | Type of Action |
|-------|-------------------------|----------------------------------|--|
| MGR | LESOUTH | R.G. Hodge Plaza Upper Main Stre | <input checked="" type="checkbox"/> Add |
| | | Second Floor | <input checked="" type="checkbox"/> Remove ✓ |
| | | Road Town , Tortola IO | <input type="checkbox"/> Change |
| AMBR | LESOUTH | R.G. Hodge Plaza Upper Main Stre | <input checked="" type="checkbox"/> Add |
| | | Second Floor | <input checked="" type="checkbox"/> Remove ✓ |
| | | Road Town , Tortola IO | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Horacio Victor Mangieri | 290 NW 165th Street | <input checked="" type="checkbox"/> Add ✓ |
| | | Suite PH-5 | <input type="checkbox"/> Remove |
| | | Miami, FL 33169 | <input type="checkbox"/> Change |
| AMBR | Laura Mabel Gorbea | 290 NW 165th Street | <input checked="" type="checkbox"/> Add ✓ |
| | | Suite PH-5 | <input type="checkbox"/> Remove |
| | | Miami, FL 33169 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

FILED
2017 OCT 23 PM 2:47
TALLAHASSEE, FLORIDA

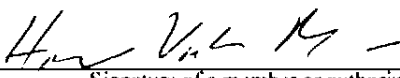
E. Effective date, if other than the date of filing: October 18th, 2017 (optional)

(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 October 18th, 2017


Signature of a member or authorized representative of a member

Horacio Victor Mangieri
Typed or printed name of signee