45000187894

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COVER LETTER

TO:	Registration Se Division of Cor							
CHDIE		CDILL LLC						
SUBJE	<u>-</u>	Name of Limited Liability Company						
The enci	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please re	eturn all correspo	indence concerning this matter	to the following:					
		Carrie Christino						
			Name of Person					
		Soho Capital, LLC						
Firm/Company 701 S Howard Ave Ste 106-322								
								Address
		Tampa, FL 33606						
		Carrie@soho-capital.com	City/State and Zip Code					
		E-mail address: (t	to be used for future annual report notif	ication)				
For furth	ner information c	oncerning this matter, please ca	all:					
Carrie C	Christino		at () Area Code Daytime					
	Name o	f Person	Area Code Daytime	Telephone Number				
Enclosed	d is a check for th	ne following amount:						
\$2 5.	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

SOHO MACDILL LLC			
(Name of the Lir	nited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Florida document number L15000187894	Liability Company v	vere filed on 11/05/2015	and assigned
This amendment is submitted to amend the fo	llowing:		
4. If amending name, enter the new name	of the limited liabil	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appl			2.5.
Principal office address MUST BE A STRE			
Inter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE	E BOX)		15 5
			-9
 If amending the registered agent and egistered agent and/or the new registered or 	l/or registered offi	ce address on our records, <u>en</u>	ter the name of the
egistered agent and/or the new registered (ince adoress nere:		
Name of New Registered Agent:	David Koche		10 C
New Registered Office Address:	601 Bayshore Blv	/d Ste 700	
		Enter Florida street address	
	Tampa	TCI	33606

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Type of Action
AGENT	Charles Harper	100 N TAMPA ST Ste 2700 Tampa, FL 33602	🗖 Add
			■ Remove
			Change
AREP	Charles Harper	100 N TAMPA ST Ste 2700 Tampa, FL 33602	□ Add
			Remove
			Change
			□ Remove
		<u> </u>	Change
			Add
			☐ Remove
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	07/02/2019
Juica	(S) Prod
Juica	6/10/10
	Signature of a member or authorized representative of a member