117000002009

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05/10/18--01020--007 **150.00



COVER LETTER

TO:	Registration S Division of Co						
CUDIE	BAY 3 L	LC					
SUBJE	.CI;	Name of Limited Liability Company					
The end	closed Articles o	of Amendment and fee(s) are sub	bmitted for filing.				
Please r	return all corresp	oondence concerning this matter	r to the following:				
		CARRIE CHRISTINO					
			Name of Person				
		SOHO CAPITAL LLC					
			Firm/Company				
701 S HOWARD AVE STE 106-322							
			Address				
		TAMPA, FL 33606					
			City/State and Zip Code				
		CARRIE@SOHO-CAPITA					
			(to be used for future annual report no	tification)			
For furti	her information	concerning this matter, please c	eall:				
CHARI	LES BRUCK		813 335-9210				
Name of Person			at () Area Code Daytir	ne Telephone Number			
Enclose	d 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

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
	_	
The Articles of Organization for this Limited Liability Comp	any were filed on 1-3-17	and assigned
Florida document number L17000002009		
This amendment is submitted to amend the following:		
his amendment is submitted to amend the following: 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." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable:		
The new name must be distinguishable and contain the words "Limited I	iability 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	2	
		· , , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address in the second agent and a second agent ag	l office address on our records, <u>e</u>	enter the name of the ne
egistered agent and/or the new registered office address i	<u>uci e</u> .	77. 186
Name of New Registered Agent:		THAY THAY
		MY O
New Registered Office Address:	Enter Florida street address	The state of the s
	, Florid	la 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CHARLES BRUCK	701 S HOWARD AVE	
		STE 106-322	■ Remove
		TAMPA, FL 33606	☐ Change
MGR	ADAM HARDEN	701 S HOWARD AVE	Add
		STE 106-322	■ Remove
		TAMPA, FL 33606	Change
			□ Add
			☐ Remove
			□ Change
			□ Remove
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			☐ Change
			
			□ Remove
			Change

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ective date, if other than the da	5/3/18	(antianal)	
effective date is listed, the date must b	e specific and cannot be prior to date of filing	(optional) ing or more than 90 days after filing.) Pursuar	nt to 605.02
ument's effective date on the Department.	k does not meet the applicable statutor artment of State's records.	ry filing requirements, this date will not	be listed
record specifies a delayed ε	effective date, but not an effec	ctive time, at 12:01 a.m. on the	earlier (
he 90th day after the recor	d is filed.	,	
	2018		
MAY 2	2018		
ed MAY 3	· · · · · · · · · · · · · · · · · · ·		
ed MAY 3	· · · · · · · · · · · · · · · · · · ·		
	gnature of a member or authorized represe	entative of a member	

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Filing Fee: \$25.00