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SCCRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

TO:	Registration S Division of Co			
SUBJE	SOINPRO	DE LLC		
3000		Name of Lim	ited Eiability Company	
The enc	dosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		ESPERANZA HERNAND	DEZ	
			Name of Person	
		TAX WIZARD, INC		
			Firm/Company	
		18335 NW 6 CT		
			Address	
		PEMBROKE PINES, FL.	33029	
		TAXWIZZARD@COMCA	City/State and Zip Code	
			to be used for future annual report notific	cation)
For furt	her information	concerning this matter, please ca	all:	
ESPER	ANZAHERNA	NDEZ	954 404-8018 at ()	
	Name	of Person	Area Code Daytime	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

SOINPRODE LLC	
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) subility Company)
The Articles of Organization for this Limited Liability Company of	were filed on 01/19/2017 and assigned
Florida document number L17000014942	
his amendment is submitted to amend the following:	
L. If amending name, enter the new name of the limited liabil	lity company here:
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	25 es
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered off egistered 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	ESPERANZA HERNANDEZ	18335 NW 6CT. PEMBROKE PIN ⊕⊊	F.C. 33027 = Add
Secretary	ES-ERABERA MERNAPAGE	1833 5 A W C. F. Pinchad	
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Filing Fee: \$25.00