L22 000022197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAR -7 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FL

Amend Corp Name Change

MAR 07 2022
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sofia A plus Properties, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J Scott Jones
Name of Person

J Scott Jones Realtors
Firm/Company

2250 Lee Rd. Suite #98
Address

Winter Park, FL. 32789
City/State and Zip Code

orlrealty@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J Scott Jones at (407) 629-1707
Name of Person — Area Code — Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 MAR -7 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FL

February 11, 2022

J. SCOTT JONES
J SCOTT JONES REALTORS
2250 LEE RD - STE. 98
WINTER PARK, FL 32789

SUBJECT: SOFIA A OLUS PROPERTIES, LLC
Ref. Number: L22000022197

We have received your document for SOFIA A OLUS PROPERTIES, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 222A00003499

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: SOFIA A OLUS PROPERTIES, LLC

SECOND: The Florida Document number of the limited liability company is: L22000022197

THIRD: Document to be corrected is: Original filing for LLC corporation Articles of Organizatio

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Sofia A plus Properties, LLC was incorrectly entered into the system as Sofia A olus Properties, LLC

Correct the name to: Sofia A plus Properties, LLC

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

FILED
2022 MAR -7 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FL

OR

☐ The electronic transmission of the record was defective.

J. Scott Ronn — 03/2/2022

Signature of Authorized Representative — Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Isabella Argote NOT NEW

Registered Agent's Signature

Filing Fee: **$25.00**
Certified Copy: **$30.00 (optional)**