

L050000037964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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10/02/20--01033--001 **80.00

S. TALLENT
NOV 24 2020

Handwritten signature

2020 NOV 20 AM 8:10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2020

DR ERNIE F SOTO
10187 CLEARY BLVD. SUITE 103
PLANTATION, FL 33324

SUBJECT: SOTO & VALLEJO, LLC
Ref. Number: L05000037964

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L05000110807-SOTO HOLDING, LLC.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 020A00022640

ATTACHED PLEASE FIND
THE CORRECTED NAME & THE
MANAGER CHANGES. THANK YOU

DR ERNIE SOTO

www.sunbiz.org

CONCLUSION

JECT: _____
Name of Limited Liability Company

We return all correspondence concerning this matter to the following:

Name of Person

Name of Person

Firm/Company

Firm/Company

Address

Address

City/State and Zip Code _____

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

E-mail address: (to be used for future annual report notification)

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

ERNIE F SOTO

954

816-0573

at (_____)

Name of Person

Area Code

Daytime Telephone Number

☒ \$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)

\$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SOTO & VALLEJO, LLC

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

Articles of Organization for this Limited Liability Company were filed on 4/8/2005 and assigned
Florida document number 105000037964.

An amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

TO ACQUISITIONS, LLC

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)

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

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

removed from our records:

R = Manager
BR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
RM	VALLEJO, FREDDY DDS	101 NORTH PINE ISLAND RD #101	<input type="checkbox"/> Add
		PLANTATION FLORIDA 33324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	NICHOLAS A. SOTO	12512 WESTHAVEN WAY	<input checked="" type="checkbox"/> Add
		FORT MYERS, FLORIDA 33913	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Effective date, if other than the date of filing: _____ (optional)

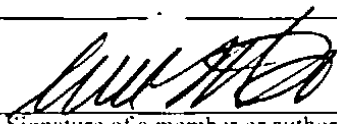
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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 document is filed.

SEPTEMBER 30
dated _____

2020



Signature of a member or authorized representative of a member

DR ERNIE F SOTO

Typed or printed name of signee