

L 07000020045

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2014 JAN 10 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JAN 14 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soopies LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valentina Rojas
Name of Person

Soopies, LLC
Firm/Company

1958 NE 149th Street
Address

North Miami, FL 33181
City/State and Zip Code

valentina.rojas.balestrini@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Verónica Rojas at (305) 335 2526
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2014 JAN 10 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sooopies, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/22/2007 and assigned
Florida document number ~~20-8504833~~ # L07000020045

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

1958 NE 149th St

North Miami, 33181

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

IDEM PRINCIPAL

B. 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:

Valentina Rojas Balestrini

New Registered Office Address:

1958 NE 149th St

Enter Florida street address

North Miami

Florida

33181

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

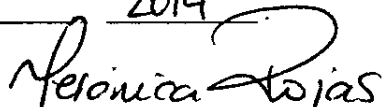
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LUIS GORRIN	1958 NE 149TH STREET	<input type="checkbox"/> Add
		NORTH MIAMI, FLORIDA 33181	<input checked="" type="checkbox"/> Remove
MGRM	VALENTINA ROJAS	1958 NE 149TH STREET	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FLORIDA 33181	<input type="checkbox"/> Remove
MGRM	VERONICA ROJAS	1958 NE 149TH STREET	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FLORIDA 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

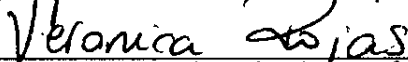
E. Effective date, if other than the date of filing: _____ (optional)

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

Dated January 3rd 2014



Signature of a member or authorized representative of a member



Typed or printed name of signee

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Filing Fee: \$25.00