L07000124325

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900308352109

03/14/18--01009--011 **150.00

2018 NAR 14 MAIN 27

J. LEGGETT MAR 1 5 2018 18 E. 2.14 Ad 9:35

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 3/14/2018	<u></u>	eett/ATE/ Talke
	00514 04741114 110	**WALK IN**
ENTITY NAME	SOFIA CATALINA, LLC	
DOCUMENT NUMBI	ER	
	PLEASE FILE THE ATTACHED AND RETURN	
XXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENT. Certified Copy of Arts & Amendments	774
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION **	
COUNTRY OF DESTI	NATION	
NUMBER OF CERTII	FICATES REQUESTED	
TOTAL OWED\$	25.00 CHECK # 4637	
Please call Tina o	at the above number for any issues or concerns. Tha	nk you so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOFIA CATALINA, LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
he Articles of Organization for this Limited	Liability Company	y were filed on December	14, 2007	and assigned
lorida document number L07000124325				_
his amendment is submitted to amend the following				
a. If amending name, enter the new name	of the limited lial	bility company here:		
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	n "LLC" or the abbre	eviation "L.L.C."
nter new principal offices address, if appli				
Principal office address MUST BE A STRE			,,_,	
				ಹ
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE			57	
				<u> </u>
				- ب
 If amending the registered agent and egistered agent and/or the new registered or 	d/or registered o	office address on our r re:	ecords, <u>enter th</u>	
,				
Name of New Registered Agent:	FRANCSICO	RODRIGUEZ		<u></u>
New Registered Office Address:	605 WEST FL	AGLER STREET		
		Enter Florida street	oddress	
	MIAMI		, Florida ³³¹³⁰)
		City		Zin 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.

Francisco Rodriguez Melo

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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	<u>Name</u>	Address	Type of Action
MGR	FRANCISCO RODRIGUEZ	605 West Flagler Street	Add
		Miami, FL 33130	■ Remove
			Change
			□ Add
			□ Remove
		 	☐ Change
			□ Add
			Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove

		·
		<u> </u>
		<u></u>
		<u>-</u> က္
ctive date, if other than the effective date is listed, the date mue: If the date inserted in this burnent's effective date on the E	e date of filing: st be specific and cannot be prior to date of filing or relock does not meet the applicable statutory filing operatment of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.02 ng requirements, this date will not be listed a
ecord specifies a delaye ne 90th day after the rec	d effective date, but not an effective cord is filed.	time, at 12:01 a.m. on the earlier
d March 13	2018	
	Lourdes Castellon Signature of a member or authorized representative	

Page 3 of 3

Filing Fee: \$25.00