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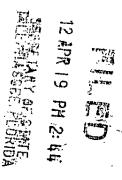
(R	equestor's Name)
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Co	orporations		
SUBJECT:	SoFL	Homes, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Lawrence E. Shafer	
		Name of Person	
		Firm/Company	
		6308 Grant Street	
		Address	
	Hol	lywood, FL 33024-5924	
	·.	City/State and Zip Code	
	Shi	aferLES@Hotmail.com to be used for future annual report notifi	cotion
	•	-	Canon)
For further information	concerning this matter, please of	call:	
Law	rence E. Shafer	at (954)	962-9317
Name	of Person	Area Code & Daytime	: Telephone Number
Enclosed 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:

TO:

Registration Section

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

SoFL Home	es, LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document numberL08000029348	vere filed on April 21, 2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
Ryan Mendoz	ra, LLC
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
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)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ee address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	to act in this capacity. I further agree, to comply with te performance of my duties, and I am familiar with and ovided for in Chapter 608, F.S. Or, if this document is

. 2.11

MGR = Manager

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

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	
_			
			_ _
 ated	April 17	2012) /	_
	Lumano	mber of authorized representative of a member	
	Signature of a men	nder og/authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00