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EXAMINE

TALLAHINSSEE, FLORID

7004

COVER LETTER

TO: R	egistration Se ivision of Cor	ction porations			
SUBJECT	٠.	SO CAP US	SA FLORIDA, USA		
SUBJECT	•		ted Liability Company		
			1		
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	rn all correspo	ondence concerning this matter	to the following:		
	RONALD NEVADO				
			Name of Person		
	SO CAP USA FLORIDA				
			Firm/Company		
		63	56 RALEIGH ST #1511		
			Address		
. .		. (ORLANDO, FL 32835	A D	
			City/State and Zip Code	A	
		Fjr E-mail address: (nevado@hotmail.com to be used for future annual report no	tification)	143Y
For further	· information c	oncerning this matter, please c	eall:		THAT JUL 30 MAIN
	RON	ALD NEVADO	at (407)	952-5959	
	Name o	f Person		me Telephone Number	p. (4)
Enclosed is	s a check for t	ne following amount:			
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy i	
	Registr Divisio P.O. B	ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	orations Center Circle ,	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SO (<u>CAP USA FLORIDA, LL</u>	.C		
(Name of the Limited I	iability Company as it now appear for ida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Lia		07/01/2010	and assign	ied
Florida document numberL10000070	04			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liability company he	ere:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	oany," the designation	"LLC" or the abb	reviatior
Enter new principal offices address, if applica	ble:			est to typical.
(Principal office address MUST BE A STREET	ADDRESS)		ARY SSE	* ************************************
•			me r	; (1)
			E C STA	The second
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		'J:=	_
•	W			_
B. If amending the registered agent and/or registered agent and/or the new registered off		our records, enter	the name of t	he new
Name of New Registered Agent:				
New Registered Office Address:				
	E	nter Florida street ac	ddress	
		, Florida _	•	
	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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Type of Action

MGR = Manager
MGRM = Managing Member

Title Name Address

MGR	MARIELBA MANIGLIA	6356 RALEIGH ST	e
		Add Remov	e
<u>.</u>		Add	e
		ALL AND	72 Mg M
		Remov	عسيب الأوا الأوا الأوا
100		Remove	
		AddRemove	;
D. If amen	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	
			
Dated	JULY 29	2010 JUANO	
		RONALD NEVADO ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00