

L100000130318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2014 JUN 20 PM 4:28  
CLERK OF STATE  
TALLAHASSEE FL 32309

JUN 23 2014

D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SORI 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:

**FERNANDO MORILLO**

Name of Person

**SORI LLC**

Firm/Company

**354 SEVILLA AVE**

Address

**CORAL GABLES FL 33134**

City/State and Zip Code

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

For further information concerning this matter, please call:

**FERNANDO MORILLO**

Name of Person

at **954** **328-6341**

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:**  
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

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2014 JUN 20 PM 4:28  
TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SORI 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 12/22/2010 and assigned Florida document number L10000130318.

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)**

5481 WILES RD SUITE 505

COCONUT CREEK FL 33073

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5481 WILES RD SUITE 505

COCONUT CREEK FL 33073

**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:**

ARIEL GIGLIO

**New Registered Office Address:**

5481 WILES RD SUITE 505

*Enter Florida street address*

COCONUT CREEK

*City*

Florida

33073

*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.*

*[Signature]*  
**If Changing Registered Agent, Signature of New Registered Agent**

FILED  
2011 JUN 20 PM 4:08  
TALLAHASSEE FL 32304  
CLERK OF CIRCUIT COURT

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>
MGR	FERNANDO MORILLO	6601 LYONS RD SUITE F5	<input type="checkbox"/> Add
		COCONUT CREEK FL 33073	<input checked="" type="checkbox"/> Remove
MGR	GIBU INVESTMENTS LLC	5481 WILES RD SUITE 505	<input checked="" type="checkbox"/> Add
		COCONUT CREEK FL 33073	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **JUNE 11**, **2014**

Signature of a member or authorized representative of a member

**FERNANDO MORILLO**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2014 JUN 20 PM 4:28  
SECRETARY OF STATE  
PALM BEACH COUNTY, FLORIDA