111000/13037

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | ress) | |
| (Add | ress) | |
| (Add | 1655) | |
| (City) | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nai | me) |
| | | |
| (Doc | ument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer | |
| Openial Moderations to 1 | g = | |
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Office Use Only



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COVER LETTER

| TO: | Registration So Division of Cou | | | |
|--------------|------------------------------------|--|---|--|
| cito t | SOTREZA | ALLC | | |
| SUBJ | ECT: | Name of Limi | ited Liability Company | |
| The en | iclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspo | ondence concerning this matter t | to the following: | |
| | | Daniele M. Zamor | | |
| | | | Name of Person | |
| | | 7800 Hispanola Avenue | Firm/Company | |
| | | North Bay Village, FL 3314 | Address 11 | |
| | | zamordx@hotmail.com | City/State and Zip Code | |
| | | E-mail address: (t | to be used for future annual report notific | eation) |
| For fu | ther information o | oncerning this matter, please ca | ill: | |
| Danie | le M. Zamor | | 305 987-8124 at () | |
| | Name e | of Person | Area Code Daytime ' | l'elephone Number |
| Enclos | ed is a check for the | he following amount: | | |
| = \$2 | 5.00 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 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

| (Name of the Lim | ited Liability Company as it now appear (A Florida Limited Liability Company) | s on our records.) |
|---|--|---|
| The Articles of Organization for this Limited I Florida document number L11000113037 | Liability Company were filed on 10 | /03/2011 and assigned |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name | of the limited liability company he | ere: |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the d | esignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | Listo |
| | | <u> </u> |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE | BOX | 2 : |
| | | 125 |
| B. If amending the registered agent and registered agent and/or the new registered of | S.F. | our records, enter the name of the |
| | | |
| Name of New Registered Agent: | Daniele M. Zamor | |
| New Registered Office Address: | 7800 Hispanola Avenue | |
| | Enter Flor | ida street address |
| | North Bay Village | Florida 33141 |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

SOTREZA LLC

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 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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------------|-----------------------------|----------------|
| AMBR | Sophia Zamor | 7800 Hispanola Avenue | |
| | - | | Add |
| | | North Bay Village, FL 33141 | |
| | | | Remove |
| | | | |
| | Dominique Lamarre | 7800 Hispanola Avenue | Change |
| MGR | Dominique Lamane | 7000 Hispanola Avenue | ≅ Add |
| | | North Bay Village, FL 33141 | = Add |
| | | | □ Remove |
| | | | |
| | | <u> </u> | Change |
| MGR | Jean M. Sada | 7800 Hispanola Avenue | |
| | | | |
| | | North Bay Village, FL 33141 | |
| | | | ■ Remove |
| | | | |
| | Kenia Sada | 7800 Hispanola Avenue | □ Change |
| MGR | | , | |
| | | North Bay Village, FL 33141 | |
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| tive date, if other than the diffective date is listed, the date must b | e specific and cannot be | | I filing or more th | | iling.) Pursi | |
| If the date inserted in this blochent's effective date on the Dep | | | tutory filing requ | nrements, this | date will n | ot be list |
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| cord specifies a delayed ϵ 90th day after the recor | d is filed. | ut not an e | rective time, | at 12:01 a | .m. on tr | ne eariii |
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Filing Fee: \$25.00