#/ 130000/8910

| (Re | questor's Name) | ., ., |
|-------------------------|--------------------|---------------|
| (Ad | dress) | · |
| (Ad | dress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| . (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | : |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500249398575

07/05/13--01025--009 **55.00

3 JUL -5 PH I2: 05

K. SALY EXAMINER

JUL - 9 2013

COVER LETTER

| TO: | Registration Section | , |
|-----|-------------------------|---|
| | Division of Corneration | • |

SUBJECT: SOKI Investments 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:

| Name of Person |
|--|
| Soki Investments LLC |
| Firm/Company |
| 10701 San Bernardino Way |
| Address |
| Boca Ratin El 37428 |
| City/State and Zin Code |
| Crise a Parva 660 cmail com JE-mail address: (to be used for future annual report notification) |
| /E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

Gisela Parra al (

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

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) (Name of the Limited I The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:

| "L.L.C." | |
|--|--|
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 10701 San Bernardinoly Boxa faton FC 33428 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 10701 San Bernardino Way Boca Ruton, Fl 33428 |
| | |

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: | Gisela Parra |
|--------------------------------|------------------------------|
| New Registered Office Address: | 10701 San Bernardino Way |
| | Enter Florida street address |
| | 10000 |

City

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:

MGR'= Manager

MGRM'= Managing Member Type of Action Title **Name** <u>Address</u> Eduardo Parra-Davila 745 Oak Shadows Rd Add Celebration FC 34747 DRemove Gisela Parra 10701 San BernardinoWay X Add
Boca Raton, FL 33428 Remove Remove

| . If ar | neading any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|--|
| | |
| | |
| • | |
| | |
| | |
| | |
| | |
| ated _ | July 18th 8013. |
| | |
| | |
| | Signature of almember or authorized representative of a member |
| | Eduardo Farra-Davila |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00