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## **COVER LETTER**

	stration Sec sion of Corp		,	•	
CHRIEGT.	SOPHIC	A INTERNATIONAL LL	С	•	
SUBJECT: _		Name of Limi	ted Liability Company		
		Amendment and fee(s) are submodence concerning this matter	•		
-		YOLANDA KATON,	LEGAL ASST.		
			Name of Person		
		ALEX D. SIRULNIK,	P.A.		
		7/80021-0	Firm/Company		
		2199 Ponce De Leo	n Blvd., Suite 301		7. <b>2</b>
			Address		
		Coral Gables, FL 33	134		2014 190V 1 O SEERETARY
		ykaton@sirulniklaw.d	City/State and Zip Code		35 C T T T T T T T T T T T T T T T T T T
			to be used for future annual report notific	cation)	EH E 39 GF STATE C. FLENIU
For further in	formation c	oncerning this matter, please c	all:		意元 3
Yolanda k	Katon		305 443-7211	Ext. 1	
	Name o	f Person	at () Area Code Daytime	Telephone Number	<del></del>
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOPHICA INTERNATION	AL LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited L Florida document number L13000025763	iability Company			and	l assigr	ned
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:		1	m.a	
				200	2014	
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the desig	gnation "LLC" or th	e abbreviati	L.L.	C."
Enter new principal offices address, if applic	cable:	8400 NW 17 St	reet	TAR ASS	10	4
(Principal office address MUST BE A STREE	ET ADDRESS)	Miami, FL 3312	26		3 <b>0</b>	, i
					<u> </u>	the same
				22 급급	(i)	7
Enter new mailing address, if applicable:				2.4	_	
(Mailing address MAY BE A POST OFFICE	BOX)				<del>-</del>	
	<u></u>					
B. If amending the registered agent and registered agent and/or the new registered of			r records, <u>ente</u>	r the na	me of	the new
Name of New Registered Agent:	ALEX D. SI	RULNIK, ESQ.	<u></u>			
New Registered Office Address:	2199 Ponce	e De Leon Blvd., S	Suite 301			
		Enter Florida s	treet address			
	Coral Gable	es	, Florida _	33134		
		City		Zip C	ode	
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as register provisions of all statutes relative to the proj	•	-	, ,	_	4 -	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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 = Mañager AMBR = Authorized Member

Miami, FL 33126	<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Marisol Del Valle Sanchez  8400 NW 17 Street  Miami, FL 33126  Remove  Remove  Add  Remove	MGRM	Marisol Del Valle Sanchez	550 BILTMORE WAY, STE 200	
			CORAL GABLES, FL 33134	Remove
	MGR	Marisol Del Valle Sanchez	8400 NW 17 Street	201. SEC <b>■</b>
Add   Remove   Add   Add   Remove   Add   Add			Miami, FL 33126	□ dRemover
				* * * * * * * * * * * * * * * * * * *
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