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Office Use Only



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N. Gulligen JUN 1 J Zille

1	COVER LEITER "	
	of Corporations	
SUBJECT:	Sofian Pual Estate Holdings LLC Name of Limited Liability Company	_
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.	
Please return all c	orrespondence concerning this matter to the following:	
	Enrique Vazquez	
	Sofian Real Estate Holdings LLC	۱ —
	13190 Sw 134 St., #A-1	
	Miami FL 33186 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
Enriq	Name of Person at (305) 308 8950 Area Code Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:	
\$25.00 Filing	Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

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

Sofian Real 8	Estate Holdings LLC
(Name of the Limited Liability Company (A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on 3 37 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and end with the words "Limited Liabili	ity 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)	
Parkers and the second of the	THE STATE OF THE S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent: En	irique Vazquez
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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.

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR'= Manager

AMBR = Aut	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Daisy P. Machado	13190 SW 134 St. *A1	□ ∧dd
	'	13190 Sw 134 St. *A1 Miami, F2 33186	Remove
			_
			Add
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		on the date	of filing:	;		(optional)
					d cannot be more th	nan 90 days after
date this doc	iment is filed b	fic, cannot be proy the Florida D	epartment of St	ite)	d cannot be more th	nan 90 days after
date this doc	iment is filed b	by the Florida D	epartment of St	ite)	d cannot be more th	nan 90 days after
	iment is filed b	ny the Florida D	epartment of St	ite)		

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Filing Fee: \$25.00

