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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SOTOZ ENTERPRISES, 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:

ZEILA SOTO			
Name of Person	ĪĀ.	20	•
Cime (Company)	ECAE LLAH	2013 HAY	-47
Firm/Company	AS A		- Annual of the last of the la
11500 NW 60TH TERRACE APT 378	SEE.	ယ - စ	1
Address	<del>ر</del> ال	±±.	
DORAL, FLORIDA 33178	TACE ORIE	30	*1 ***

JORAL, FLORIDA 3317

City/State and Zip Code

K.CANIZALES@GMAIL.COM

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

For further information concerning this matter, please call:

ZEILA SOTO

<sub>at</sub> 786, 237-846

Name of Person

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 OF

SOTOZ ENTERPRISES, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 04/12/2013	and assigned
Florida document number L13000054051		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Company," the designation "l	LLC" or the abbreviati
Enter new principal offices address, if applicable:		. ~
Principal office address MUST BE A STREET ADDRES		
	A A A A A A A A A A A A A A A A A A A	
	AHASSI	
Enter new mailing address, if applicable:		¬ ' ;
Mailing address MAY BE A POST OFFICE BOX)		
	₹ A	<del>* ••</del> )
3. If amending the registered agent and/or registere		the name of the ne
egistered agent and/or the new registered office address	s here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	!ress
	, Florida	
<del></del>	,,	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	KARINA CANIZALES	11500 NW 60TH TERRACE APT 37	8 🗸 Add
		DORAL, FLORIDA 33178	Remove
			Remove
			Add Remove
		NHASSEE, FLORIB	Remove
		<u> </u>	Add
			- Add
			Remove
			- Add
			Remove

	<del></del>
	<u> </u>
 4/26/.2013	
Ziva Soro.	
 Signature of a member or authorized representative of a member	
ZEILA SOTO	
Typed or printed name of signee	
Page 3 of 3	
Filing Fee: \$25.00	2019 HAY 13 SECRETARY TALLAHTASS
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