

L13000121820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

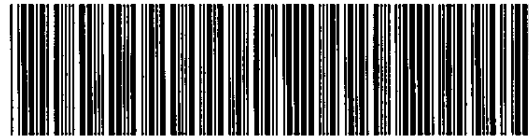
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG 28 PM 3:46

AUG 28 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOSTONCO 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:

CAMILIA CHIARINI

Name of Person

Firm/Company

150 SE 25TH RD BRICKELL BISCAYNE APT 9/A

Address

MIAMI - FL - 33129

City/State and Zip Code

CAMILIA CHIARINI @ GMAIL . COM

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

For further information concerning this matter, please call:

DIANE ANNESSER

Name of Person

at (305) 235 9292

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2014

CAMILLA CHIARINI
150 SE 25TH RD
BRICKELL BISCAYNE APT 9/A
MIAMI, FL 33129

SUBJECT: SOSTONCO LLC
Ref. Number: L13000121820

We have received your document for SOSTONCO LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 214A00016251

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10
**ARTICLES OF ORGANIZATION
OF**

SOSTONCO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/28/2013 and assigned
Florida document number L13000121820

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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**)

150 SE 25TH RD BRICKER BISCAYNE
MIAMI - FL - 33129

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

FLORIDA TAX & ACCOUNTING SERVICES INC
9245 SW 157 STREET - SUITE 210
PALMETTO BAY - FL - 33157

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:

DIANE ANNESSER

New Registered Office Address:

9245 SW 157 STREET - SUITE 210

Enter Florida street address

PALMETTO BAY

City

, Florida

33157

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bruno Chiarini	150 SE 25 th RD	<input checked="" type="checkbox"/> Add
		Backell Biscayne #9A	<input type="checkbox"/> Remove
		MIAMI - FL - 33129	
MGR	RED RENTALS LLC	1300 PENNSYLVANIA AVE	<input type="checkbox"/> Add
		# 308	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH - FL - 33139	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

07 / 23

2014

Signature of a member or authorized representative of a member

FOR RED RENTALS, LLC

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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