# 114000078143

(Re	questor's Name)	<del></del>
(Ad	dress)	
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MAY 0 7 2018

SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER. NAY 1 0 2018

### **COVER LETTER**

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TO:	Registration Se Division of Cor		*	
cun u		WLEY ROAD LLC		
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CARRIE CHRISTINO		
			Name of Person	
		SOHO CAPITAL LLC		
			Firm/Company	<del></del>
		701 S HOWARD AVE ST	TE 106-322	
			Address	· · · · · · · · · · · · · · · · · · ·
		TAMPA, FL 33606		
			City/State and Zip Code	
		CARRIE@SOHO-CAPITA		
		E-mail address: (	to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
CHAR	LES BRUCK		813 335-9210 at ( )	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>=</b> \$2:	5.00 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

SOHO COWLEY ROAD 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 5-14-14	and assigned
lorida document number L14000078143	
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abb	previation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	Sior
	1 957
Inter new mailing address, if applicable:	Y OF S CORPOR
	Affe
	<b>47 2</b>
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:  Name of New Registered Agent:	the name of t
New Registered Office Address:  Enter Florida street address	
. Florida	

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	CHARLES BRUCK	701 S HOWARD AVE	
		STE 106-322	■ Remove
		TAMPA, FL 33606	Change
	<u></u>		Add
		<del></del>	□ Remove
			☐ Change
		<del></del>	Add
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		A POR
	5/3/18	4 4 8
an effective date is listed, the date m	e date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 605.020
lote: If the date inserted in this ocument's effective date on the	lock does not meet the applicable statutor	ry filing requirements, this date will not be listed a
ocument s criccure and on the	oparition of Bland British	
e record specifies a delaye The 90th day after the re	d effective date, but not an effectord is filed.	ctive time, at 12:01 a.m. on the earlier of
, MAY 3	2018	
ated MAY 3	, G/	1000
	Signature of a member or authorized representation	entative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00