## L14000174466

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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JUL 13 2019 S. YOUNG



## **COVER LETTER**

Division of C	Corporations	,	
	CT SIXTY FOUR LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Carrie Christino		
		Name of Person	
	Soho Capital, LLC		
		Firm/Company	
	701 S Howard Ave Ste 100	6-322	
	<del></del>	Address	<del></del>
	Tampa, FL 33606		
		City/State and Zip Code	
	Carrie@soho-capital.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please ca	atl:	
Carrie Christino		813 557-4901 at ()_	
Nam	e of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check fo	or 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:

TO:

Registration Section

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

(Name of the Lin	nited Liability Con (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Florida document number <u>L14000174466</u>	Liability Compa	any were filed on 11/1	0/2014	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited I	iability company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Li	iability Company," the des	ignation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>		٠
(Principal office address MUST BE A STRE	ET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:				10
(Mailing address MAY BE A POST OFFICE	BOX)			
			<del></del>	ස
B. If amending the registered agent and registered agent and/or the new registered of	/or registered ffice address h	office address on o ere:	our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	David Koche	2		
New Registered Office Address:	601 Bayshor	e Bivd Ste 700		
		Enter Florida	street address	
	Tampa	·	, Florida <u>33606</u>	· · · · · · · · · · · · · · · · · · ·
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DROLLET CIVEN FOLID 110

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

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	
$\Delta MRR =$	Authorized	Membe

<u>Title</u>	Name	Address	Type of Action
AGENT	Charles Harper	100 N TAMPA ST Ste 2700 Tampa, FL 33602	Add
		<u> </u>	■ Remove
			☐ Change
			Add
		<del> </del>	☐ Remove
			Change
<del></del>		<del> </del>	Add
			Remove
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			Change
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			☐ Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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ffective date, if other than the date of filing:	
fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	605.0207 listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earthe 90th day after the record is filed.	arlier of
06/27/2019	
Gland	
Signature of a member or authorized representative of a member  Charles Bosch Typed or printed name of signee	_
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Filing Fee: \$25.00