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SECRETARY OF STATE
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## COVER LETTER

TO: Registration Se Division of Cor	ection rporations	*		
SOMA HO	OMES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub ondence concerning this matter	_		
	ESTEBANA JEREZ			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
JEREZ PROFESSIONAL SERVICES LLC				
Firm/Company				
	5840 S SEMORAN BLVD SUITE 5840C			
	ORLANDO FL, 32821			
· City/State and Zip Code				
	jerezprofessionalservices@			
		to be used for future annual report notifi	cation)	ZE 5
For further information of	concerning this matter, please co	all:		
ESTEBANA JEREZ		407 757-0149 at ( )		FILET NG 25 I
Name o	of Person		Telephone Number	FILED NIG 25 M D: AHASSEE, FLOR
Enclosed is a check for the	he following amount:			ORNED LA
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &

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

SOMA HOMES LLC		
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/04/2015	and assigned
Florida document number L15000021281	<b>-</b> ÷	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	ered office address on our records, <u>en</u>	ter the name of the ne
registered agent and/or the new registered office addre	ess here:	景页
3		ARY ASSI
Name of New Registered Agent:		
New Registered Office Address:		_ ES E
	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 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Fortes - Matunaga, Carolina	13574 The Village At Hunters	<b>=</b> Add
		Creek Building K, Unit K275	□ Remove
		Orlando Fl, 32837	Change
			Add
			□ Remove
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	<del></del>		Add
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ective date, if other that effective date is listed, the d	ate must be specific ar	ng: nd cannot be prio	r to date of filing o	more than 90 days after	nonar) er filing.) Pursuant to 605.0
te: If the date inserted in cument's effective date on				ling requirements, th	is date will not be listed
record specifies a de	layed effective	date, but n	ot an effective	e time, at 12:01	a.m. on the earlie
he 90th day after th	e record is filed	•	MX	\	
August 12		2016	$M \setminus M$	1	
		·, ————————————————————————————————————	June 1	+	
		2	WITT WAIN	<i>~</i>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00