11500046270

(De	equestor's Name)	····
(Ne	rquestoi s Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER MAY 10 2018

COVER LETTER

TO: Registration Se • Division of Cor			
	UNDLAKE LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CARRIE CHRISTINO		
		Name of Person	
	SOHO CAPITAL LLC		
		Firm/Company	
	701 S HOWARD AVE ST	TE 106-322	
		Address	
	TAMPA, FL 33606		
		City/State and Zip Code	
	CARRIE@SOHO-CAPITA		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
CHARLES BRUCK		813 335-9210	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	he 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

SOHO KOUNDLAKE LLC		
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on ou ida Limited Liability Company)	<u>ır records.</u>)
The Articles of Organization for this Limited Liability Florida document number L15000046270	Company were filed on <u>3-9-).</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	SES SES
		N ON ONE
		FILE
Enter new mailing address, if applicable:		ROE ROE
(Mailing address MAY BE A POST OFFICE BOX)		S. AA
		S OF
B. If amending the registered agent and/or reg	vistered office address on our	records, enter the name of the ne
registered agent and/or the new registered office ad		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CHARLES BRUCK	701 S HOWARD AVE	Add
		STE 106-322	■ Remove
		TAMPA, FL 33606	Change
			Add
			□ Remove
			Change
		<u> </u>	Add
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ffective date, if other than the an effective date is listed, the date mus	date of filing:	r to date of filing or n	optiona (optiona nore than 90 days after fili	ı l) ng.) Pursuant to 605.02
lote: If the date inserted in this blocument's effective date on the De	ock does not meet the applic	cable statutory filir	ng requirements, this da	te will not be listed
soument s errective date on the Ex	partition of State 5 records	•		
e record specifies a delayed	effective date, but no	ot an effective	time, at 12:01 a.m	. on the earlier
The 90th day after the reco	ord is filed.			
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Filing Fee: \$25.00