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(Ad	ldress)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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ei i	DIECT.	MARISA ISA	BEL SOCA LLC	
SU	bjeci.	Name of Limi	ted Liability Company	
The	e enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Ple	ase return all correspond	dence concerning this matter t	to the following:	
			MARIA ISABEL SOCA	
			Name of Person	
		Mz	ARIA ISABEL SOCA LLC	
			Firm/Company	
			11356 NW 52 LANE	
			Address	
			DORAL, FL 33178	
	Division of Corporations MARISA ISABEL SOCA 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: MARIA ISABEL SOCA Name of Person MARIA ISABEL SOCA LLC Firm/Company 11356 NW 52 LANE Address DORAL, FL 33178 City/State and Zip Code mariasoca 13@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIA ISABEL SOCA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status			
		E-mail address: (1	to be used for future annual report notifi	ication)
Fo	r further information cor	ncerning this matter, please ca	all:	
M.	ARIA ISABEL SOCA			
	Name of	Person	Area Code Daytime	Telephone Number
En	closed is a check for the	following amount:		
	\$25.00 Filing Fee			Certificate of Status &

Ľ,

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

MARIS	SA SOCA LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appea ited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on	JULY 21, 2015	and assigned
Plorida document numberL15000124941			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	<u>ere</u> :	
	BEL SOCA LLC		
he new name must be distinguishable and contain 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			
The chart office than ess most be Marked Mobiles	<u> </u>		
		:	^조 선 당
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			<u> 원 목 원</u>
			S CO
			TR ≥ 111
B. If amending the registered agent and/or registere	d office address o		· · · · · · · · · · · · · · · · · · ·
registered agent and/or the new registered office address	<u>here</u> :		∴ .
		Ā	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Flo	orida street address	
		. Florida	
	City	, riorida _	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>	Name	Address	Type of Action
MGR	FLOR M. GUERRERO	11356 NW 52 LANE	
		DORAL, FL 33178	■ Remove
			☐ Change
			□ Remove
			□ Change
			Add 5 OC PRemove SSS
			SSET OF TANK
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E Effect	ive date if other than the date of filing.	(autional)	
(If an eff	ive date, if other than the date of filing:		
	If the date inserted in this block does not meet the applicable sent's effective date on the Department of State's records.	statutory filing requirements, this date will not be in	sted a
	cord specifies a delayed effective date, but not an 90th day after the record is filed.	effective time, at 12:01 a.m. on the ear	lier o
Dated	SEPTEMBER 22 2015		
	SEPTEMBER 22 2015 Signature of amember or authorized		

Page 3 of 3

Filing Fee: \$25.00