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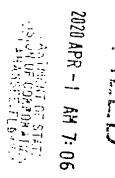
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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APR 14 2020 S. YOUNG

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Sof	to Hollywood	2 play 3 LLC	
Jobacei.		ited Eiability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Athena Paquette		
		Name of Person	
	SOFLO Hollywood 2plex	3 LLC	
		Firm/Company	<u> </u>
	10350 W Bay Harbor Dr #	3U	
		Address	
	Bay Harbor Islands, FL 33	154	
		City/State and Zip Code	
	athenasinvesting@gmail.co		
	E-mail address: (	to be used for future annual report not	ification)
For further information con	ncerning this matter, please ca	all:	
Athena Paquette		310 218-6855	
Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for 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: Registration So Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address: Registration Se Division of Cor The Centre of T	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOFLO Hollywood 2plex 3 LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

1	(A Florida Limited )	Liability Company)		
The Articles of Organization for this Limited Li	ability Company	were filed on 10/1	6/15 and assigned	
Florida document number L15000176974	·		900	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		10350 W Bay Harbor Dr #3U		
(Principal office address MUST BE A STREE		Bay Harbor Islands, FL 33154		
Enter new mailing address, if applicable:		10350 W Bay Harbor Dr #3U		
(Mailing address MAY BE A POST OFFICE I	BOX)	Bay Harbor Islands, FL 33154		
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our red	cords, <u>enter the name of the new reg</u> istere	
Name of New Registered Agent:	Gabriela DeMa	rinis		
New Registered Office Address:	10350 W Bay Harbor Dr #3U			
	Enter Florida street address			
	Bay Harbor Islands		Florida 33154 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing R	legistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r	er and complete stered agent as j	performance of n provided for in Ch	ny duties, and I am familiar with and napter 605, F.S. Or, if this document is	

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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gabriela de Marinis	10350 W Bay Harbor Dr #3U	\= Add
		Bay Harbor Islands, FL 33154	□Remove
			□Chaπge
MGR David Dweck	David Dweck	3600 S State Road 7STE 228	□Add
		Miramar, FL 33023-5203	≣Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
		<u>.</u>	□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

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(If an effective Note: 1	te date, if other than the date of filing:
the record ford is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	mourch 11, 2020.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00