LIL 0000 88453

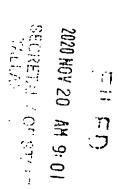
(Requestor's Name)				
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
•				

Office Use Only



000355443520

11/20/20--01010--029 **30.00



JA:1/6/21

COVER LETTER

	egistration Se ivision of Cor					
or n reco	_ SOTHIS TE	ELECOM LLC				
SUBJECT:						
The enclos	ed Articles of	Amendment and fee(s) are sub	emitted for filing.			
		ndence concerning this matter	_			
		Suely Oliveira				
	Name of Person					
	TaxPlace					
	Firm/Company					
		1660 W Hillsboro Blvd				
	Address					
		Deerfield Beach, FL 33442				
		.	City/State and Zip Code	· · · · · ·		
		sucly@taxplace.com E-mail address: 0	to be used for future annual report no	outication)		
For further	information c	oncerning this matter, please c	•			
Suely Oliv	eira		954 369-4444			
Name of Person		at () Area Code Dayti	ime Telephone Number			
Enclosed i	s a check for th	ne 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 tadditional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Co	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

igned
C."
L.C."
J.C."
J.C."
L.C."
L)
()

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

Zin Code

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
		 	□Add
			□Remove
			☐ Change
		-	□Add
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			[]Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (If an 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 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated ____ 2020 Signature of a member or authorized representative of a member Suely Oliveira as Representative Typed or printed name of signee