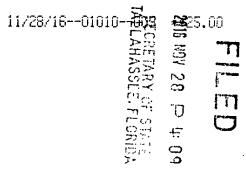
L16000135803

(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

	egistration Sec vision of Corp			
SUBJECT:	SoQut Intern	ational LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Antonios Alwan		
			Name of Person	
		SoQut International LLC		
			Firm/Company	
		5078 SW 123rd Terr		
			Address	
		Cooper City, FL 33330		
			City/State and Zip Code	- · · · · · · · · · · · · · · · · · · ·
		antonioalwan@hotmail.con		
			to be used for future annual report notification	n) .
For further	information co	ncerning this matter, please ca	all;	TALS:
Antonios A	Alwan		954 9373952 at ()	LAAA CORE N
	Name of	Person	Area Code Daytime Teleş	SECUE NOV 28 P
Enclosed is	a check for the	following amount:		हाँ ए 🔟
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate 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

SOQUT INTERNATIONAL LLC	
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Co	y appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L16000135803	on 07/19/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the name of the new
Name of New Registered Agent:	A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
New Registered Office Address:	nter Florida street address
City New Registered Agent's Signature, if changing Registered Agent:	Florida Sip Code
I hereby accept the appointment as registered agent and agree to act a provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provided in the proper and complete performance accept the obligations of my position as registered agent as provided in the proper and complete performance accept the obligations of my position as registered agent and agree to act a provided in the proper and complete performance accept the obligations of my position as registered agent and agree to act a provision as a provided in the proper and complete performance accept the obligations of my position as registered agent as provided in the proper and complete performance accept the obligations of my position as registered agent as provided in the proper and complete performance accept the obligations of my position as registered agent as provided in the proper accept the obligations of my position as registered agent as provided in the proper accept the obligations of my position as registered agent as provided in the proper accept the obligations of my position as registered agent as provided in the proper accept the proper acce	nce of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
AMBR	Charbel S Alwan	5078 SW 123rd Terr	Add
		Cooper City, FL 33330	Remove
			Change
	 		□ Add
			□ Remove
			☐ Change
			□ Add
			Remove ALLAHETA
			20 D Nemove 0.9
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			Character (Character)

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					20 F
ective	date, if other than the da	te of filing:		(option	nal) 💆 🔾
te: If	ive date is listed, the date must be the date inserted in this block t's effective date on the Depa	does not meet the app	olicable statutory fi	or more than 90 days after fi iling requirements, this c	ling.) Pursuant to 60530207 late will not be listed as
reco	rd specifies a delayed e	ffective date, but	not an effectiv	e time, at 12:01 a.	m. on the earlier of
116 3	Oth day after the record	ı is illeü,	^ ~^ ^		
		2016	1 1/1/1/	/	
ted _	ovember, 22nd	· · · · · · · · · · · · · · · · · · ·			
ted _		nature of a member or a	uthorized representation	tive of a member	

Page 3 of 3

Filing Fee: \$25.00