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Division of Cor	porations		
SUBJECT:	Sotero Name of Limi	a Civing LL ted Liability Company	<u>. C</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		ng DAngela	
	<u>Sot</u> ,	era Living LL Firm/Company	<u>-C</u>
	1600 M	argate Avenue	
	Octan	Octy/State and Zip Code	
	E-mail address: (1	City/State and Zip Code  a Soteral vivy. Co o he used for future annual report not	<b>✓</b> ification)
For further information c	oncerning this matter, please ca	ill:	
Lignay Name o	DAngelo FPerson	at ( <u>331</u> ) <u>44 to 35</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration So	
Division of C	forporations	Division of Co	rporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

Sotera Li	uina LLa	—	
(Name of the Limited Liability Com	pany as it now appea d Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>41600 19343</u> .	ny were filed on	10/18/201	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company h	ere:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the o	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<del> </del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		records, enter the	P ST
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	gree to act in this ae performance o s provided for in	f my duties, and 1 Chapter 605, F.S	l am familiar with and S. Or, if this document is
If CI	hanging Registered A	gent, Signature of No	ew Registered Agent

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

Name	Address	Type of Action
Lianna D'Angelo	1600 Margate Aue	[ <b>X</b> /\dd
		□Remove
		□Change
Margarita D'Angelo	3554 Archdale St	XAdd
·	Melboune FC 32940	□Remove
		□ Change
		□Add
		□Remove
		□Change
		□Add
		□Remove
		□Change
		□Add
		□Remove
		□Change
		□Add
		□Remove
		□Change
	Lianna D'Angelo	Lianna D'Angelo 1600 Margate Aue Orlando, Fr 32803

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ote: I	e date, if other than the date of filing:
ecord 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.
nted	2/11/20
	Signature of a member or authorized representative of a member
	Lianna E. D'Angels Typed or printed name of signee
	= 1 : 1 11 : 1