

K16000192423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Additional Copies _____ Certificates of Status _____

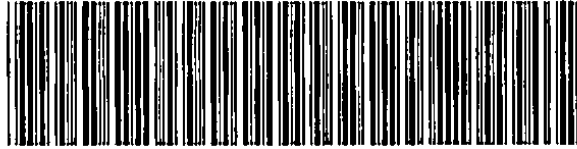
Special Instructions to Filing Officer:

Q. SILAS

JUN 01 2022

5/13/22

Office Use Only



800384498748

04/04/22--01009--017 **25.00

FILED

2022 MAY 13 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAY 13 AM 7:53

TALLAHASSEE, FL

April 21, 2022

LIANNA D'ANGELO
689 BRECHIN DRIVE
WINTER PARK, FL 32792

SUBJECT: SOTERA LIVING LLC
Ref. Number: L16000192423

See
Corrections

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please select the type of action for MGR-LIANNA D'ANGELO.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 122A00009357

**Registration Section
Division of Corporations**

Sotera Living LLC

CT: _____
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

Lianna D'Angelo

Name of Person

Sotera Living LLC

Firm/Company

689 Brechin Drive

Address

Winter Park FL 32792

City/State and Zip Code

lianna@sotaliving.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D'Angelo 321 446-3509

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$0 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

FILED

Sotera Living LLC

2022 MAY 13 AM 8:46

(Name of the Limited Liability Company as it now appears on our
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Organization for this Limited Liability Company were filed on 10/18/2016 and assigned
document number L16000192423.

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

New principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

New mailing address, if applicable:

Post office address MAY BE A POST OFFICE BOX)

Amending the registered agent and/or registered office address on our records, enter the name of the new registered
agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
requirements of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
understand 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

oved from our records:

= Manager

= Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Hyun Jung Jacqueline Kim	8319 Lost Lake Drive Orlando Fl. 32819	<input checked="" type="checkbox"/> Add
--------------------------	--	---

		<input type="checkbox"/> Remove
--	--	---------------------------------

		<input checked="" type="checkbox"/> Change
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Lianna D'Angelo	689 Brechin Drive Winter Park Fl 32792	<input type="checkbox"/> Add
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515 Country Club Dr

update

address

Winter Park Fl 32792

☐ Remove

		<input type="checkbox"/> Change
--	--	---------------------------------

Lianna D'Angelo	1600 Margate Avenue Orlando Fl 32803...	<input type="checkbox"/> Add
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Remove ↑

20

☒ Remove

		<input type="checkbox"/> Change
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		<input type="checkbox"/> Change
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mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: _____ (optional)

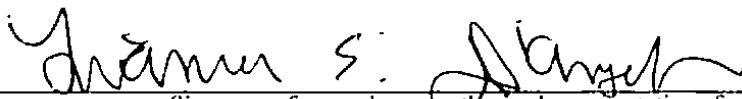
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

Word 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 filing.

03/03

2022



Signature of a member or authorized representative of a member

Lianna D'Angelo

Typed or printed name of signer