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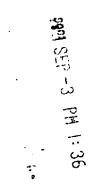
(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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	Name of Lim	nited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
se return all correspo	ondence concerning this matter	to the following:	
	Charles & Maria Soto		
	 ,	Name of Person	
	Maria Soto LLC		
		Firm/Company	
	815 SW ALL AMERICAN	N BLVD	
		Address	
	Palm City FL 34990		
		City/State and Zip Code	
	marialsoto0311@gmail.com	n	
	E-mail address: (to be used for future annual report noti	fication)
further information c	oncerning this matter, please ca	all:	
ria L Soto		561 800-6811 at ()	
Name o	f Person		e Telephone Number
losed 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 Statu Certified Copy (additional copy is each

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mana Soto LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp.		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Charles & Maria Soto LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	173 173
Trincipui Office duaress MOST DE A STREET ADDRESS.		· · · · · · · · · · · · · · · · · · ·
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		is .
Enter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BOX)		27
		<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, o	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	City	Zip Code

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

Adding to LLC

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
MGR	Charles Soto	815 SW all American Blvd. Palm City, FL 34990	
			□Remove
			Change
MGR	Maria L. Soto	815 SW All American Blvd. Palm City, FL 34990	= Add
			□Remove
			□ Change
			Add
			Remove
		<u> </u>	Change
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Tective date, if other than the one effective date is listed, the date must tee: If the date inserted in this blocument's effective date on the De	ck does not meet the applicable	(option ate of filing or more than 90 days after fi statutory filing requirements, this	nal) ling.) Pursuant to 605.02 date will not be listed
ecord specifies a delayed effective is filed.	date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after th
ted ^{8/31}	2021		
	Q.L.		
x Quarco	Signature of a member or authorized		