L17000061980

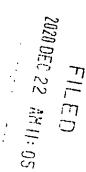
(Requ	uestor's Name)	
(Addr	ress)	
(Addi	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Doca	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



200356834482

12/22/20--01008--027 **30.00



2/1/21

COVER LETTER

TO: Registration So Division of Cor			
SOFLOLI	VIN LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KARFN HURST		
		Name of Person	
	SOFLOTIVINTLC		
		Firm/Company	
	1482 SW 150TH TER		
		Address	
	DAVIE, FL 33326		
		City/State and Zip Code	
	E-mail address: ((to be used for future annual report no	otification)
For further information c	oncerning this matter, please e	ali:	
KAREN HURST		954 8028462	
Name o	d Person		me Telephone Number
Enclosed is a check for t	he 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		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, 1	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOFLO LIVIN' LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on MARCH 27, 2017	and assigned
Florida document number L1700061980		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDRESS)		20
		: 8 7
		22
Inter new mailing address, if applicable:		322
Mailing address MAY BE A POST OFFICE BOX)		=
B. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, enter the	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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

obuop signature verification: # \$ 200 The feather

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
AMBR	CARMEN ADISSON	1482 SW 150TH TER., DAVIE FL 33326	
			🗆 Remove
			□Change
		□Remove	
			□Change
		□Change 2020 DEI Add 2	
		m. h	
			Refine ve
		□Add	
			□Remove
			□Change
		□Add	
			□Remove
			DChange
			□Add
			□Remove
			□Change

		
	·- ·· · · · · · · · · · · · · · · · · ·	
		2020
		
		·
		
		
he date of filing:	(onti	ional)
nust be specific and cannot be prior to	o date of filing or more than 90 days after	r filing.) Pursuant to 605,020
Department of State's records.	ore statutory thing requirements, thi	is date will not be fisted a
tive date, but not an effective tin	ne, at 12:01 a.m. on the earlier of: (b	The 90th day after the
,	dations verified	
	and premier	
	block does not meet the applica Department of State's records.	nust be specific and cannot be prior to date of filing or more than 90 days after block does not meet the applicable statutory filing requirements, this Department of State's records. State state time, at 12:01 a.m. on the earlier of: (but date, but not an effective time, at 12:01 a.m. on the earlier of: (but date, but not an effective time).

Filing Fee: \$25.00