L17000113236

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COVER LETTER

TO: Registration S Division of Co				
SO SOMO SUBJECT:	D, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	James Gallagher			
		Name of Person		
	1310 Dillard St	Firm/Company	2819 APR 12 SEURETARY FALLAHASSE	FILE
	Tallahassee, Fl. 32308	Address	D B #7	D
	jwgallagher@outlook.com	City/State and Zip Code		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notifi	ication)	
jim Gallagher	oonooning and made, preade c	\$50 509-8899		
Name	of Person		: Telephone Number	
Enclosed is a check for	the 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)	
Regis	LING ADDRESS: tration Section on of Corporations	STREET/COURII Registration Section Division of Corpora	n	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SO SOMO, LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited I Clorida document number L17000113236	Liability Company	were filed on <u>5/24/17</u>	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:	SO SOMO, LLC C/O	Southland Commercial Mgmt
Principal office address MUST BE A STRE	ET ADDRESS)	261 Pinewood Dr	PR PR
		Taliahassee, Fl 32303	SSS 12
nter new mailing address, if applicable:		SO SOMO, LLC	EF STA
Mailing address MAY BE A POST OFFICE	BOX)	PO Box 16373	200
		Tallahassee, Fl. 32317	<u> </u>
I. If amending the registered agent and egistered agent and/or the new registered of	office address her	<u>e</u> :	
Name of New Registered Agent:	Southland Com	nmercial Management, LLC	<u> </u>
New Registered Office Address:	261 Pinewood		
		Enter Florida stree	
	Tallahassee		, 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

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
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			□ Remove
			Change
			Remove
			Change
		<u>. </u>	
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