117000134793

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COVER LETTER

UBJECT:	SOTZS	HOLDINGS LLC			
	Name of Lin	nited Liability Company			
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
lease return all correspo	andence concerning this matter	to the following:			
		ZACH OMANSON			
		Name of Person			
		SOTZS HOLDINGS LLC			
		Firm/Company			
		59 SW 9TH AVE			
		Address			
		BOCA RATON, FL 33435			
		City/State and Zip Code			
		OMANSON@LIVE.COM	<u></u>		
or further information or	E-mail address: (oncerning this matter, please o	to be used for future annual report no	otification)	2011 AUG -	
	-) 		
	CH OMANSON	913 at ()	208-1769 ද්ට් 	ا ا ا	
Name of	f Person	Area Code Dayti	me Telephone Number,	U	
nclosed is a check for th	ne following amount:		Coric	5 5 5	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ing Fee, e of Status	
MAILI	NG ADDRESS:	STREET/COUR	RIER ADDRESS:		

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

Registration Section

Division of Corporations

O:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

SOTZS HOLDINGS LLC

	(Name of the Limited Liability C (A Florida Li	Company as it now appears o mited Liability Company)	n our records.)	
he Articles of Organization f	For this Limited Liability Com L17000134793	npany were filed on	07/01/2017	and assigned
his amendment is submitted	to amend the following:			
. If amending name, enter	the new name of the limited	d liability company here	:	
he new name must be distinguishal	ble and contain the words "Limited	Liability Company," the design	gnation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices a	iddress, if applicable:	<u> </u>		
Principal office address MU	<u>ST BE A STREET ADDRES</u>	<u>SS)</u>	.	
nter new mailing address, i	f applicable:			
Mailing address MAY BE A	<u>POST OFFICE BOX)</u>			<u>-</u>
				
16 11 41 14				
. If amending the registe gistered agent and/or the n	ered agent and/or register new registered office addres	red office address on o s here:	ur records, <u>enter</u>	the name of the n
-				
Name of New Regist	ered Agent:		Z.	201
Now Domistand Off	a. A.I.I		22	5-
New Registered Office	ce Address:	Enter Florida	street address	
			ارسا اسا	
		City	, Florida <u>. </u>	Zin Code
ew Registered Agent's Signature, if changing Registered Agent:		76 5 76 5 77 7	្នា ប ។ ហ	
ovisions of all statutes rela cept the obligations of my	nent as registered agent and utive to the proper and comp position as registered agen a change in the registered of m writing of this change.	plete performance of my it as provided for in Cha	duties, and I am pter 605, F.S. Or.	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

<u>r removed from our records</u>:

IGR = Manager

MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	STEPHANIE OMANSON	132 HARBORS WAY	⊠ Add
		BOYNTON BEACH, FL 33435	, □ Remove
			□ Change
MGR	GLEN OMANSON	132 HARBORS WAY	B Change
		BOYNTON BEACH, FL 33435	
			☐ Change
			
			Remove
<u></u>			
			Remove
			Change
			Add
			Петоче
			☐ Change
		_	□ Add
			□ Remove
			□ Change

	
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HE OF THE STATE OF	
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Com of	
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)	(yb)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the	e .
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	
) The 90th day after the record is filed.	
A 2 2 ml	
Dated Ahynst Lud, 2017	
'SMIN / Elmin	
Signature of a member or authorized representative of a member	
ZACH OMANSON	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00