## 117000158754

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## **COVER LETTER**

	sion of Corpo					
SUBJECT:	SOFIA JOEL	SSON DESIGN, LLC				
30bJECT.		Name of Limit	ted Liability Company			
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please return	all correspond	dence concerning this matter t	to the following:			
		DAVID W. SOUTHWELL				
			Name of Person	·····		
		TRUST ADVISORS CORE	PORATION			
			Firm/Company			
	5781-B NW 151 STREET					
			Address			
		MIAMI LAKES, FL 33014	4			
			City/State and Zip Code			
		AGENT@TRUSTADVISO	RSCORP.COM o be used for future annual report notification	<del>)</del>		
For further in	formation con	ncerning this matter, please ca	·	,	20 !	S. 15.
DAVID W. S	OUTHWELI		305 822-8161 at ( )		MPR 21	12 12 12 12 12 12 12 12 12 12 12 12 12 1
	Name of F	Person	Area Code Daytime Telep	hone Number	0 AM II: 35	CHAIR DE
Enclosed is a	check for the	following amount:			ယူ ဟ	22 5
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	ıs &:	

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

The Articles of Organization for this Limited Liability Company were filed on	ARTICLES OF T ARTICLES OF O	O DRGANIZATION
The Articles of Organization for this Limited Liability Company were filed on	SOFIA IOFI SSON DESIGN TTC	2 252
The Articles of Organization for this Limited Liability Company were filed on		inv as it now appears on our records.)
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If 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  Enter Florida	The Articles of Organization for this Limited Liability Company Florida document number L17000158754  This amendment is submitted to amend the following:	were filed on and assigned
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If 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  Enter Florida street address  Florida	The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
MIAMI BEACH, FL 33139  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If 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:	Enter now principal offices address if applicable	1451 OCEAN DRIVE, SUITE 204
MIAMI BEACH, FL 33139  B. If 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	• •	MIAMI BEACH, FL 33139
B. If 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	Enter new mailing address, if applicable:	1451 OCEAN DRIVE, SUITE 204
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	(Mailing address MAY BE A POST OFFICE BOX)	MIAMI BEACH, FL 33139
	agent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida street address
CIT: ZID CORE	<del></del>	, Florida

## 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 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
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Effectiv	e date, if other than the date of filing: (optional)
ran effec Note: H	tive 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
documer	nt's effective date on the Department of State's records.
e record rd is filed	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
Dated _	APRIL 13 /2028
	I thank I to
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00