

LI7000 199 788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

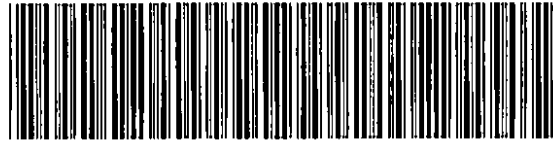
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200351748102

09/09/20--01035--008 **25.00

FILED

2020 SEP -9 AM 7:52

CLERK OF COURT
TALLAHASSEE, FL

D. BRUCE
OCT 21 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SOFLO URBAN TEAM LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA PARJUS

Name of Person

PARJUS LAW

Firm/Company

1535 N PARK DR SUITE 104

Address

WESTON, FL 33326

City/State and Zip Code

LEGAL@PARJUSLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PARJUS

954 2185909

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

RECEIVED
TALLAHASSEE, FL

2020 SEP -9 AM 7:52

FILED

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)

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**

SOFTLO URBAN TEAM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/26/2017 and assigned
Florida document number L17000199788

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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)

x 15703 Pines Blvd
Suite 200
Pembroke Pines, FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

x 15703 Pines Blvd
Suite 200
Pembroke Pines, FL 33027

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:

x Pedro Silva

New Registered Office Address:

x 15703 Pines Blvd Suite 200
Enter Florida street address

Pembroke Pines, Florida 33027
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.

x

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MBR	SILVA NICOLAS, PEDRO I.	C BOSQUES BRASILENOS EDIF P 23002	<input checked="" type="checkbox"/> Add
		BOSQUES DEL ALBA	<input type="checkbox"/> Remove
		CUAUTITLAN IZCALLI, MEXICO	<input type="checkbox"/> Change
MBR	SILVA NICOLAS, MIGUEL A.	C BOSQUES BRASILENO EDIF P 23002	<input checked="" type="checkbox"/> Add
		BOSQUED DEL ALBA	<input type="checkbox"/> Remove
		CUAUTITLAN IZCALLI, MEXICO	<input type="checkbox"/> Change
MBR	DE CASTRO, EDUARDO		<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DE CASTRO, EDUARDO E.		<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2020 SEP -9 AM 7:53
CUAUTITLAN IZCALLI, MEXICO

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF THE
TAYLARS

2020 SEP -9 AM 7:53

7



E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be no earlier than the date of filing.)

(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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 1st, 2020

X  1 X 
Signature of a member or authorized representative of a member

PEDRO I SILVA NICOLAS

MIGUEL A. SILVA NICOLAS

Typed or printed name of signee

Filing Fee: \$25.00