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S. YOUNG

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COVER LETTER

TO: Registration Section Division of Corporations

SOD MASTERS & SERVICES 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:

JUAN J. PEREZ, ESQ.

Name of Person
PEREGONZA THE ATTORNEYS, PLLC

Firm/Company

1414 107TH AVE, SUITE 302

Address

DORAL, FL 33172

City/State and Zip Code

office@peregonza.com

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

For further information concerning this matter, please call:

Juan J. Perez

786 650-0202

Name of Person

at (_____ Area Code

e Daytime Telephone Number

Enclosed is a check for the following amount:

■ S25.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	T	AMENDMENT O ORGANIZATION	
SOD MASTERS & SERVICES LI	О с	DRGANIZATION	
		ny as it now appears on our records.)	
The Articles of Organization for this Limited Li Florida document number		iny as it now appears on our records.) Liability Company)	
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name of</u>	<u>f the limited liab</u>	<u>ility company here</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1275 WEST 47TH PLACE, SUITE 323	
		HIALEAH, FLORIDA 33012	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		1275 WEST 47TH PLACE, SUITE 323 HIALEAH, FLORIDA 33012	
B. If amending the registered agent and/or reagent and/or the new registered office addres	•	address on our records, <u>enter the name of the new registered</u>	
Name of New Registered Agent: PEREGONZA		THE ATTORNEYS, PLLC	
	1414 NW 1071	TH AVE, SUITE 302	
New Registered Office Address:		Enter Florida street address	
	DORAL	, Florida 33172	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

•

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EDGAR VILA	1275 WEST 47TH PLACE, SUITE 323	
<u></u>	·	HIALEAH, FLORIDA 33012	🗋 Add
			Remove
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
	<u>.</u>		🗆 Add
			🗆 Remove
			□Change
			□Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change

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

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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	December 17	2019
	Juan J. Pe	Signature of a member or authorized representative of a member rez. Fxq.
		Typed or printed name of signee