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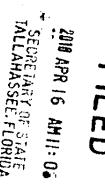
(Requestor's Name)
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COVER LETTER

,	CORIGRIA	A MENO IN IL PENDE AND	PEGGONALILA		
SUBJECT: _	SOFISTICATES INVESTMENTS PROFESSIONAL LLC Name of Limited Liability Company				
		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	all correspo	endence concerning this matter	to the following:		
		MARIA E RUIZ			
			Name of Person		
		L M ACCOUNTING SER	VICES INC		
			Firm/Company		
		7750 SW 117TH AVE SU	NTE 201D		
			Address		
		MIAMI FLORIDA 33183			
		City/State and Zip Code MARIAQUIROS9@HOTMAIL.COM			
			to be used for future annual report notific	cation)	
For further inf	ormation c	oncerning this matter, please c	all:		
MARIA E RU	J IZ		305 595-2407		
	Name o	f Person		Telephone Number	
Enclosed is a c	check for th	ne following amount:			
■ \$25.00 Fil	ing 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited I	Liability Company were filed on 03/13/2018 and assigned
Florida document number L18000065860	
This amendment is submitted to amend the fol	llowing:
A. If amending name, enter the new name	of the limited liability company here:
SOFISTICATED INVESTMENT PROFESSION	IALS LLC
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 appli	icable:
(Principal office address MUST BE A STRE	ET ADDRESS)
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>
B. If amending the registered agent and	d/or registered office address on our records, enter the name of the
registered agent and/or the new registered o	• • • • •
	VLL SEC
Name of New Registered Agent:	ARE A
New Registered Office Address:	ASS.
	Enter Florida street address
	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, 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>	Address	Type of Action		
			Add		
			☐ Remove		
			☐ Change		
	 		Add		
			Remove		
			☐ Change		
			□ Remove		
			Change		
	- 		Add		
			Remove		
			☐ Change		
			Add		
			□ Remove		
			☐ Change		
			□ Add		
			□ Remove		
			☐ Change		

e, iibaiii	ending any other information, enter change(s) here: (Attach additional sheets, if neces	y.j	,, .	
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(If an ef Note:	tive date, if other than the date of filing: O4/15/2018 (option Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill the date inserted in this block does not meet the applicable statutory filing requirements, this denent's effective date on the Department of State's records.	ling.) Pursua	nt to 605.02 t be listed	207 (3 as th
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.i e 90th day after the record is filed.	n. on the	e earlier	of:
Dated	2-1P .04/03/2018 Signature of a member or authorized representative of a member			
	Signature of a member or authorized representative of a member			
	\odot			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00