

L18000065860

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SECTION 271116
TALLAHASSEE, FLORIDA

18 OCT 25 AM 8:00

FILED

K. SALY
NOV 6 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOPHISTICATED INVESTMENT PROFESSIONALS LLC

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

Alexander Galindo

Name of Person

Ask My Accountant, LLC

Firm Company

8535 NW 189th Lane, Apt 2702

Address

Hialeah, Florida 33015

City State and Zip Code

agalindo@askmyaccountant.net

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

For further information concerning this matter, please call:

Jocelyn Figueroa

786 545-5970

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2601 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SOPHISTICATED INVESTMENT PROFESSIONALS LLC

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

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18 OCT 25 AM 8:00
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/13/2018 and assigned
Florida document number 1181000065860

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)

6270 NW 37th Ave

Miami, FL 33147

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6270 NW 37th Ave

Miami, FL 33147

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:

Juan A Menadier

New Registered Office Address:

6270 NW 37th Ave

Enter Florida street address

Miami

Florida 33147

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Juan A Menadier 60%	22121 SW 202 Ave	<input type="checkbox"/> Add
		Miami, FL 33170	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Juan A Menadier	6270 NW 37th Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carlos Montiel	22121 SW 202 Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33170	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alfredo C Busutil	6270 NW 37th Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33170	<input 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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

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18-OCT-25 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

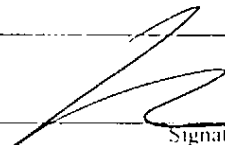
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 _____



Signature of a member or authorized representative of a member

Juan A Menadier

Typed or printed name of signer