

L18000153881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

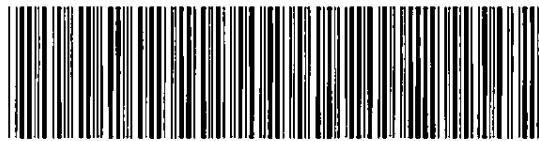
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



900415121479

09/11/23--01018--013 **25.00

2023 SEP 11 AM 7:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOD 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:

KEITH D. SKOREWICZ, ESQ.

Name of Person

APPLETON REISS, PLLC

Firm/Company

215 N. HOWARD AVENUE, STE. 200

Address

TAMPA, FL 33606

City/State and Zip Code

ks@appletonreiss.com

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

For further information concerning this matter, please call:

NICOLE JAROMIN

813 542-5049
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 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**

SOD PROFESSIONALS, LLC

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

2023 SEP 11 AM 7:23

The Articles of Organization for this Limited Liability Company were filed on 06/22/2018 and assigned
Florida document number L18000153881

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:

5540 STATE ROAD 64, SUITE 220

(Principal office address MUST BE A STREET ADDRESS)

BRADENTON, FL 34208

Enter new mailing address, if applicable:

1820 GREENTREE ROAD

(Mailing address MAY BE A POST OFFICE BOX)

LEBANON, OH 45036

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:

APPLETON REISS, PLLC

New Registered Office Address:

215 N. HOWRD AVENUE, STE. 200

Enter Florida street address

TAMPA

City

Florida 33606

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	S. WESLEY MILLER	4654 E STATE ROAD 64, STE. 315	<input type="checkbox"/> Add
		BRADENTON, FL 34208	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DENNIS COLLETTI, JR.	4654 E STATE ROAD 64, STE. 315	<input type="checkbox"/> Add
		BRADENTON, FL 34208	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SCOTT P. CLINE	1820 GREENTREE ROAD	<input checked="" type="checkbox"/> Add
		LEBANON, OH 45036	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRITTANY A. CLINE	1820 GREENTREE ROAD	<input checked="" type="checkbox"/> Add
		LEBANON, OH 45036	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADAN VALDEZ, JR.	1820 GREENTREE ROAD	<input checked="" type="checkbox"/> Add
		LEBANON, OH 45036	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.



SCOTT P. CLINE

Filing Fee: \$25.00