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то:	Registration Se Division of Cor		. •	,
SUBJI		SROUP S LLC		
	<u> </u>	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		FIORE, LILIAN P		
		MEJ PROFESSIONAL S	Name of Person SERVICES INC	
		345 NE 194TH LANE	Firm/Company	
		MIAMI, FL 33179	Address	
		info@mejaccounting.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furt	her information co	oncerning this matter, please co	all:	
Nancy	Nudel		786 238-1326	
_	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	e 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
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOCHIA GROUP SILLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) lability Company)		
The Articles of Organization for this Limited Liability Company vi Florida document number L18000179672	vere filed on 07/26/2018	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbr	eviation "L.L.	C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)		<u>ಹ</u>	
		AUG	<u> </u>
		28	977
Enter new mailing address, if applicable:			30c
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	_ <u>\$</u> -
			10.5
B. If amending the registered agent and/or registered offices registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		e name of	the new
	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am fan ovided for in Chapter 605, F.S. Or, if	niliar with a this docum	and ent is

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>	Type of Action
MGR	FIORE, LILIANA P		
		2320 HOLLYWOOD BLVD	_D Add
		HOLLYWOOD. FL 33020	Remove
			Change
MGR	FIORE, LILIAN P	2320 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	■ Add
 :			= Add
			Remove
			☐ Change
			
			Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	s block does n	ot meet the appl	icable statutor	ng or more than 90 y filing requirer	(optional)) days after filing.) I nents, this date w	Pursuant to 60 ill not be lis	05.020 sted a
the record specifies a dela) The 90th day after the			ot an effec	tive time, at	12:01 a.m. o	n the earl	lier (
Dated August 22		2018	·				
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Filing Fee: \$25.00