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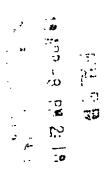
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COVER LETTER

TO:		tration Sect on of Corpo			
CHDI	ret. N	lew Beginni	ngs SoFlo LLC	•	
SUBJ	ECI: _		Name of Lim	ited Liability Company	
The er	nclosed A	articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return al	ll correspond	dence concerning this matter	to the following:	
			Danny Suarez		
				Name of Person	
			Consulting		
			· · · · · · · · · · · · · · · · · · ·	Firm/Company	
			2598 E Sunrise Blvd Ste	2104	
				Address	
			Fort Lauderdale FL 33304		
				City/State and Zip Code	
			info@NewBeginningsSoFlo		
			E-mail address: ()	to be used for future annual report notif	ication)
For fu	rther info	rmation con	cerning this matter, please ca	all:	
Danny	y Suarez	_ <u></u> .		at ()	: Telephone Number
		Name of P	Person	Area Code Daytime	: Telephone Number
Enclos	sed is a cl	heck for the	following amount:		
\$2	25.00 Fili	ng 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

New Beginnings SoFlo LLC			
(Name of the Limited Li (A F	i <mark>ability Compan</mark> lorida Limited Li	y as <mark>it now appears on our re</mark> ability Company)	cords.)
The Articles of Organization for this Limited Liabilition document number L18000209772	ity Company v	vere filed on 09/04/2018	and assigned
his amendment is submitted to amend the followin	ıg:		
A. If amending name, <u>enter the new name of the</u>	limited liabil	ity company here:	
he new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	٠ <u>٠</u>	2598 E Sunrise Blvd	
(Principal office address MUST BE A STREET ADDRESS)		Ste 2104	هُ جَ
		Fort Lauderdale FL 33304	7P 71
		2508 E Cursias Dlud	, co (v)
Inter new mailing address, if applicable:		2598 E Sunrise Blvd	
<u>Mailing address MAY BE A POST OFFICE BOX</u>	<u>V)</u>	Ste 2104	72
		Fort Lauderdale FL 33304	<u> </u>
S. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	address here		ords, enter the name of the
New Registered Office Address: 2	598 E Sunrise E	Enter Florida street ac	Mrses
ជ	ort Lauderdale	Conc. 1 107 Ma SHEEF AC	
<u> </u>	or Laudeluale	City	. Florida 33304 Zip Code
ew Registered Agent's Signature, if changing Regis	stered Avent:	•	
hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere	gent and agree nd complete p ed agent as pr	oerformance of my duties ovided for in Chapter 6	s, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
		 	□ Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			D Remove
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Filing Fee: \$25.00