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| (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: |
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Office Use Only



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COVER LETTER

| New Begir | nnings SoFlo LLC | | | |
|----------------------------|---|---|--|--|
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | `Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Danny Suarez | | | |
| | New Beginnings SoFlo LL | Name of Person .C | | |
| | | | | |
| | | | | |
| | City/State and Zip Code info@NewBeginningSoFlo.com | | | |
| For further information of | E-mail address: (concerning this matter, please concerning this matter) | to be used for future annual report notifull: | fication) | |
| Danny Suarez | | 833 516-0266 at () | | |
| Name o | of Person | at () | e Telephone Number | |
| Enclosed is a check for t | he 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:

TO:

Registration Section
Division of Corporations

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 ARTICLES OF ORGANIZATION OF

FILED

New Beginnings SoFlo LLC

(Name of the Limited Liability Company as it now appears on Mits election) 3 A 13 51
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company | Suppose of the suppos |
|--|--|
| | y were fried on and assigned |
| Florida document number L18000209772 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | bility company here: |
| The new name must be distinguishable and contain the words "Limited Liab | oility 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) | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered of | |
| registered agent and/or the new registered office address he | office address on our records, <u>enter the name of the new</u> re: |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| registered office reducts. | Enter Florida street address |
| | _ , Florida |
| | |
| 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 ameraling 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 |
|--------------|-------------|--|----------------|
| AMBR | Ashley Diaz | 2598 E Sunrise Blvd Ste 2104 Fort Lauderdale FL 33304 | ≅ Add |
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| ffective date if other than | the date of filing: | (optional) |
| an effective date is listed, the date of the late of the date inserted in this | must be specific and cannot be prior to date | e of filing or more than 90 days after filing.) Pursuant to 605.02 tatutory filing requirements, this date will not be listed |
| e record specifies a dela The 90th day after the | | effective time, at 12:01 a.m. on the earlier |
| ated May 1 | 2019 | |
| Danny | Suara | |
| · · · · · · · · · · · · · · · · · · · | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00