

10/27/22, 5:53 PM

Division of Corporations

L19000004398

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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Account Name : AT PLUS CORP
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOTTOVOCE, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help T. LEMIEUX

OCT 31 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOTTOVOCE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/27/2022 and assigned Florida document number L19000004398.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

CORINA ARIAS

New Registered Office Address:

2741 NE 184TH WAY

Enter Florida street address

NORTH MIAMI BEACH

Florida

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.

Corina Arias

If Changing Registered Agent, Signature of New Registered Agent

FILED
2022 OCT 28 PM 5:30
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

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>
AMBR	ANDREA RUOCCO	5033 NW 7TH ST APT 107	<input type="checkbox"/> Add
		MIAMI FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CORINA ARIAS	2741 NE 184TH WAY	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 10/27/2022 (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 OCTOBER 27 2022

Leechen

Signature of a member or authorized representative of a member

GIUNCHI ILARIO

Typed or printed name of signer

Filing Fee: \$25.00