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FEB 2 3 2019

COVER LETTER

TO: Registration Section Division of Corporations

SOCOUR LLC

SUBJECT:

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:

DISNEY D THOMPSON, ESQ.

Name of Person

DISNEY D THOMPSON & ASSOCIATES, PA

Firm/Company

5827 SHERIDAN STREET

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

hrsocorro@gmail.com

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

For further information concerning this matter, please call:

DISNEY D THOMPSON 305 381-9188 at (_____) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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 Tallabassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT ТО ARTICLES OF ORGANIZATION OF

SOCOUR LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/31/2019	and assigned
Florida document number 1.19000032537	

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 "LLC."

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:

	City	Zip Code
		Florida
New Registered Office Address.	Enter Florida street ado	Iress
New Registered Office Address:		
Name of New Registered Agent:	······································	

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

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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			Q Add
			🗆 Remove
			Change
			D Add
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		***************************************	Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MEMBER HIDALGO SOCORRO CAPITAL CONTRIBUTION 100%

MEMBER JORGE SOCORRO CAPITAL CONTRIBUTION 0%				
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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.

02/15/201 Dated Signature of a member or authorized representative of DISNEY D THOMPSON, ESQ. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00