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(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Registration Sec Division of Corp				
		Holdings LLC			
SUBJE	СТ:	Name of Lim	ited Liability Company		
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspon	ndence concerning this matter	to the following:		
		Steven Rosenthal			
			Name of Person		
		Marx Rosenthal PLLC			
Firm/Company					
		One SE Third Avenue, Sui	ite 2900		
			Address		
		Miami, Fl. 33131			
			City/State and Zip Code		
		steve@marxrosenthal.com	to be used for future annual report notifi		
For furt	her information co	oncerning this matter, please co	•	Callenty	
Steve R	losenthal		786 378-8121 at ()		
*	Name of	f Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for th	ne 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 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 17/1 EU

	ny as it now appears on our records.)
SoftClouds Holdings LLC	17 8: EE
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny <u>as it now appears on our records.</u>) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L19000052003	were filed on 02/28/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabii	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1450 NE 103rd Street
(Principal office address MUST BE A STREET ADDRESS)	Miami Shores, FL 33138
Enter new mailing address, if applicable:	1450 NE 103rd Street
(Mailing address MAY BE A POST OFFICE BOX)	Miami Shores, FL 33138
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	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 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>	Name	Address	Type of Action
			□ Remove
			☐ Change
			Remove
			☐ Change
			Add
			Remove
			Change
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			☐ Change
			Add
			□ Remove
			☐ Change
			Remove
			☐ Change

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-		<u> </u>			
ective date, if other the effective date is listed, the effective date inserted in ument's effective date of the effective date of t	date must be specific and this block does not be the Department of	and cannot be prior to t meet the applical f State's records. e date, but not	ble statutory filing	requirements, this	iling.) Pursuant to 605.02 date will not be listed
March 3		2019	. /		
			AMb 1		
•	Signature of	a member or author	izell representative of	f a member	
		` '	4		
Grzegorz Albin		Typed or printed			

Filing Fee: \$25.00