Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000355132 3)))



H200003551323ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

Ī

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOTOLONGO HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

10-12-20;11:10 (Frem)

LAZARUS CORPORATE,

PAGE 02/04

To:3052201440

13055556174

# 2/ 4

## ARTICLES OF AMENUMENT TO ARTICLES OF ORGANIZATION OF

SOTOLONGO HOLDINGS LLC // L1900	00107711	
(A Flori	ility Company as it now appears on our records.	
The Articles of Organization for this Limited Liability		
Florida document number L19000107711	Transpary were fried off	and assigned
This amendment is submitted to amend the following:	<del></del>	
A. If amending name, enter the new name of the lin	nited liability company here:	
BA-RA-888, LLC.		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" o	r the abhreviation "L. L. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS:	
Enter new mailing address, if applicable:	<b>.</b>	
(Mailing address MAY BE A POST OFFICE BOX)		202 1703
		- C C T
D. Ye.		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the	name of the new registered
The state of the s		
Name of New Registered Agent:		
New Registered Office Address:		<b>豊</b> 市 <b>3</b>
	Enter Florida steet address	
	Florid	<b>a</b> .
N	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 cm 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

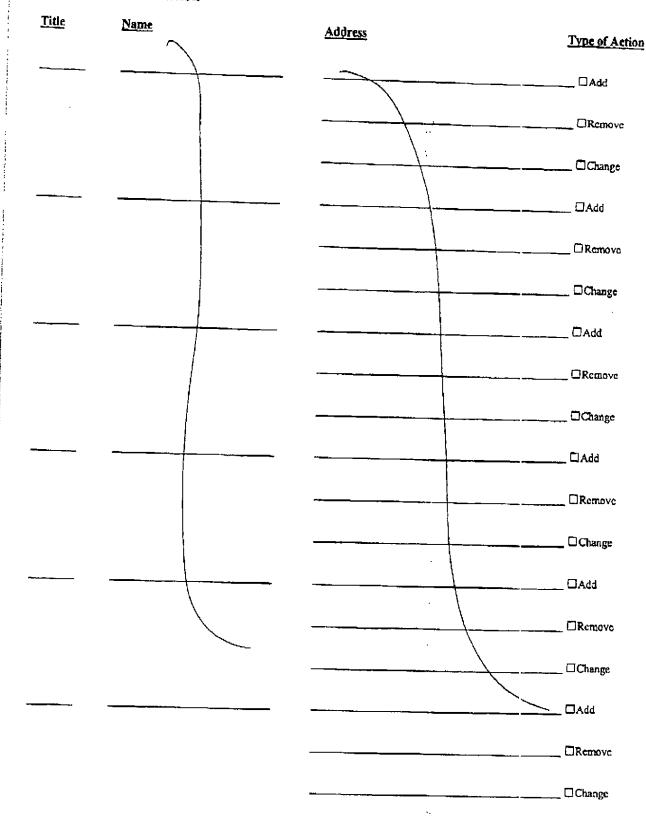
LAZARUS CORPORATE

PAGE 03/04

10-12-20:11:10 ;From: To:3052201440 ;3055566174 # 3/ 4

MGR = Manager

AMBR = Authorized Member



PAGE 04/04

10-12-20;11:10 ;From:

To:3052201440 ;3055566174 # 4/ 4

<del></del>	her information, enter change(s) here: (Attach additional sheets, if necessary.)
·—-	
<del> </del>	
<u></u>	
Mective date, if other	than the date of filing: 10/12/2020 (option:u)
late: If the date inserted	than the date of filing:  the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  d in this block does not meet the applicable statutory filing requirements, this dute will not be listed as  e on the Department of State's records.
ocument a criedade date	e on the Department of State's records.
record specifies a delaye	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	1 h
October 12	2020
arcu	
	Signature of a member or authorized coresentative of a member