

L190000

121

786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

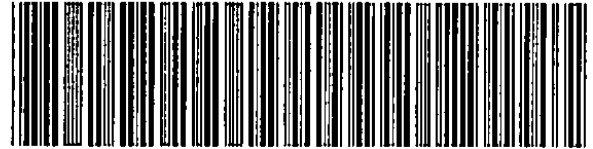
(Document Number)

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09/13/13--01008--005 \*\*30.00

19 OCT 21 PM 4:17  
DIVISION OF CORPORATIONS

LLC  
Amend.  
DC  
10/22



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2019

MARIO SARDINAS  
12335 NW 7 ST  
MIAMI, FL 33182

SUBJECT: SOFLO DETOX LLC  
Ref. Number: L19000121786

We have received your document for SOFLO DETOX LLC and check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 019A00019754

RECEIVED

2019 OCT 24 PM 12:00

11/1/19

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SOFLO DETOX LLC**

\_\_\_\_\_  
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:

**MARIO SARDINAS**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**12335 NW 7TH ST**

\_\_\_\_\_  
Address

**MIAMI, FL 33182**

\_\_\_\_\_  
City/State and Zip Code

**SOFLODETOX@GMAIL.COM**

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

For further information concerning this matter, please call:

**MARIO SARDINAS**

**305**

**586-2209**

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

*Fee paid prior.*

**MAILING ADDRESS:**

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  
OF**

SOFLO DETOX LLC

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

19 OCT 21 PM 14  
CLERK OF COURT  
JANET L. COOPER

The Articles of Organization for this Limited Liability Company were filed on MAY 6TH 2019 and assigned

Florida document number L19000121786

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:**

12335 NW 7TH ST, MIAMI, FL, 33182

**(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 n  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MARIO SARDINAS

New Registered Office Address:

12335 NW 7TH ST

Enter Florida street address

MIAMI

City

Florida 33182

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.*

  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TREMINIO, JERRY	9037 NW 114TH TERRACE MIAMI, FL 33018	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)(d)

(b) The 90th day after the record is filed.

My-1-  
Signal

MARIO SARDINAS

Page 3 of 3

**Filing Fee: \$25.00**