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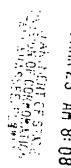
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APR 03 ZOZO S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mario Sardinas III		
		Name of Person	
	SoFlo Detox LLC		
		Firm/Company	
	12335 NW 7th Street		
		Address	
	Miami, FL, 33182		
,		City/State and Zip Code	
	soflodetox@gmail.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Mario Sardinas III		305 586-2209 at ()	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fcc	S30.00 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		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	•
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

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) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/21/2019}{10/21/2019}$ 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: (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: New Registered Office Address: Enter Florida street address Cin

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 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>	Address	Type of Action
MGR	Robert A. del Castillo II	1920 nw 137th way, Pembroke Pines, FL, 33028	= Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
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			□Change
			🗆 Add
			□Remove
			□Change

As of this date, March 13, 20.	20, Mario Sardinas III will have 50% ownership of SoFlo Detox LLC and
Robert A. del Castillo II will	have 50% ownership of SoFlo Detox.
	
fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blue the current's effective date on the D	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 lock does not meet the applicable statutory filing requirements, this date will not be listed a
record specifies a delayed effectiv is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated March 13	2020
Me	Signature of a member or authorized representative of a member