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COVER LETTER

TO:	Registration Section Division of Corpora				
SUBJE	CCT:	Sofla Hor	ne Improv	ements,	LLC
		Name of Limit	ted Liability Company		
		ndment and fee(s) are subm			
r rease i	eturi ari corresponden	ce concerning this matter to	o the following:		
	_	David	Name of Person	eda	
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∄ \$25.	00 Filing Fee 🔲	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

2019 877 10 77 8:40 Sofia Hame Improvements, 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 8/20/19 and assigned Florida document number 419000212112 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pomaseda Consulting LLC

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: Hellyword, FL 33024 (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: NO Change

No Change

Enter Florida street address Name of New Registered Agent: New Registered Office Address: _____, Florida ______ 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 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	Dovid Romateda	6623 SIMMS St. Haywall	33024 □ Add
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effect Note: I	ve date, if other than the date of filing:
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Sept. 5th, 2019
	Signature of a member or authorized representative of a member
	Dovid Pamaseda Typed or printed name of signee