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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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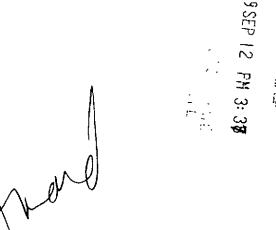
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Sozo Plus L	LC		
SUBJEC	· I ·	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Lucas Almeida		
		Sozo Plus LLC	Name of Person	
		SOZO FIUS ELC		
		3511 SW 4th Street Apt B	Firm/Company	
		Deerfield Beach, FL 33442	Address	
		lucasandjessalmeida@gmail		V
		·	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	ıll:	
Jessica A			at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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:

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

Sozo Plus LLC				
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)			
The Articles of Organization for this Limited Liabili Florida document number L19000218966	and a	and assigned		
This amendment is submitted to amend the followin				
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 "	()	
Enter new principal offices address, if applicable			19 SE	E 73'17H
(Principal office address MUST BE A STREET AI	DDRESS)		<u>d.</u> :	**************************************
-		•	2)
			PH	·
Enter new mailing address, if applicable:			ယ္	التسابية العسابية
(Mailing address MAY BE A POST OFFICE BOX			37	
Willing undress MAT BE A FOST OF FICE BOX	······································	·		
				
B. If amending the registered agent and/or r registered agent and/or the new registered office		r the name	e of th	ie nev
Name of New Registered Agent:		_		
New Registered Office Address:				
<u>-</u>	Enter Florida street address			
	, Florida			
	Citv	Zin Cada	<i>p</i>	

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>	Address	Type of Action
AMBR	Lucas Ramon Machado Almeida	3511 SW 4th Street, Apt B, Deerfield Beach, FL 33442	Add
			Remove
			Change
			Remove
			Change
			Remove
			
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Remove

	P. 44.			
 				
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	-			
				
				
Note: If the date inserte	er than the date of filing: the date must be specific and cannot be ed in this block does not meet the a ste on the Department of State's rec	pplicable statutory liling requ	(optional) n 90 days after filing.) Pursuant to 605. irements, this date will not be liste	0207 (3) d as the
e record specifies The 90th day afte	a delayed effective date, bu er the record is filed.	it not an effective time,	at 12:01 a.m. on the earlie	er of:
September 10th	2019			
	Jalmei	da		
	Signature of a member or	authorized representative of a m	ember	

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Typed or printed name of signee

Filing Fee: \$25.00