Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Tc:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845) 425-0077

Fax Number

: (845)818-3588

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

Email Address: statenotices@vcorpservices.com.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SINU & ALE PROPERTY INVESTMENTS LLC

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MAY 1 8 2020

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smu & Ale Property Investments LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number 1.19000231368		and assigned
This amendment is submitted to amend the following:		
	in annual hara	
A. If amending name, enter the new name of the limited liability	ny company nere.	
SOKA PROPERTY INVESTMENT LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	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 off	ire address on our records,	enter the name of the new
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	:	SS550 SS50 SS50 SS550 SS550 SS550 SS550 SS550 SS550 SS550 SS550 SS550 SS550 SS50 SS550 SS50 Ss50 Ss
Name of New Registered Agent:		
New Registered Office Address:	Ester Florida street address	OTATION OF TATION
	, Flor	ida
. <u></u> ,	City	Zip Cock

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Sinuhe Estrabao	235 Park Ave South 9FI.	≅ Add
		New York NY 10003	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			☐ Change
-1272-1171			Add
			□ Remove
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			Change

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	(ausinus))
Note	tive date, if other than the date of filing:
ne re Th	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier σ e 90th day after the record is filed.
Date	·
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00