4/8/2021 Division of Corporations

L19000244011

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOPHITMIAMI LLC

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4/9/21

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SOPHITMIAMI 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 09/27/2019 and assigned Florida document number L19000244011.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SOPHITLIFE 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:
(Principal office address MUST BE A STREET ADDRESS)

9410 SW 65 STREET
MIAMI, FL 33173

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

9410 SW 65 STREET
MIAMI, FL 33173

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: ADDRESS CHANGE

New Registered Office Address: 9410 SW 65 STREET
Enter Florida street address

MIAMI, Florida 33173
City *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

Title	Name	Address	Type of Action
AMBR	EDUCARDO AGUILAR	9410 SW 65 STREET	■ Add
		MAMI, FL 33173	☐ Remove
			☐ Change
AMBR	CHANGE OF ADDRESS	9410 SW 65 STREET	☐ Add
		MAMI, FL 33173	☐ Remove
			■ Change
AMBR	CHANGE OF ADDRESS	9410 SW 65 STREET	☐ Add
		MAMI, FL 33173	☐ Remove
			■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NA

2021 APR -8 PM 4:50
SECRETARY OF STATE
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E. Effective date, if other than the date of filing: 12/4/20 (optional)
(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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/4 . 2020 .

Sophia Tomaselli
Signature of a member or authorized representative of a member

SOPHIA TOMASELLI Sophia Tomaselli
Typed or printed name of signee

Filing Fee: $25.00