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TO: Registration Se		COVEREET	IER	
Division of Cor			<b>*</b> "	
A&J Soto l	-rc			
30bsne1:	Name of Limi	ited Liability Compan	у	<del></del>
The enclosed Articles of	Amendment and fee(s) are subj	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Jackelyne Torres			
	-	Name of Person	n	
	Plumbing			
		Firm/Company	,	
	7436 Duval Avenue			
		Address		<del>-</del>
<b>*</b> ?_	Orlando, Florida 32822			
<b></b>	jtorres71279@gmail.com	City/State and Zip (	Code	
	E-mail address: (t	o be used for future ar	inual report notifi	cation)
For further information co	oncerning this matter, please ca	all:		
Jackelyne Torres		407 at (	924-2989	
Name of	Area Code	Daytime	Telephone Number	
		İ		
Enclosed is a check for th	- 11			
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	рy	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		6.	11.	
Mailing Addres Registration S	Street Address: Registration Section			
Division of C P.O. Box 632	Division of Corporations, The Centre of Tallahassee			
Tallahassee, F	241	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
		1 41	andoco, I D	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&J SOTO LLC	
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability  Florida document number 84-3429417	Company were filed on 08/11/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	ited liability company here:
SOTO PLUMBING LLC	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
agent and/or the new registered office address bere:  Name of New Registered Agent:	d office address on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	Enter Florida street address
i <u>I</u>	, Florida
· <b>!</b>	City Zip Code
New Registered Agent's Signature, if changing Register	
provisions of all statutes relative to the proper and accept the obligations of my position as registered to	
	If Changing Registered Agent, Signature of New Registered Agent  Page 1 of 3

. 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 Type of Action <u>Address</u> **Title Name** 7436 DUVAL AVENUE ORLANDO, FL 32822 ANGEL SOTO MGR ■Add \_\_\_ □Remove □ Change \_\_\_\_ 🗀 Add □Remove □ Change  $\square$ Add □Remove □Remove □ Change □Add □Remove □Change  $\square$ Add □Remove □ Change

