Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOJ COMPANY, LLC

Certificate of Status	0
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Page Count	04
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	U	r		
SOJ Company, LLC				
	ted Liability Compa (A Florida Limited I	ny as it now appears on lability Company)	our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on	10/16/2019	and assigned
Florida document numberL1900026048	3			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:	1550 Madruga	Avenue, Suite	317
(Principal office address MUST BE A STREET ADDRESS)		Coral Gables,	FL 33146	
Enter new mailing address, if applicable:		1550 Madruga	Avenue, Suite	317
(Mailing address MAY BE A POST OFFICE BOX)		Coral Gables, FL 33146		
				<u></u>
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our reco	rds, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	Drage CPA	, PLLC		2022
New Registered Office Address:	1550 Madruga Avenue, Suite 317		e 317	ATE OCT
		Enter Florida :	street address	1 Tax
	Coral Gab		, Florida	33146 _ 富含
New Registered Agent's Signature, if changing	Registered Agent:	City		24 C
I hereby accept the appointment as registere provisions of all statutes relative to the prop	ed agent and agro per and complete	ee to act in this cap performance of my	acity. I further as	gree to comply with the familiar with and

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>	Name	Address	Type of Action
AMBR	E On F Holding LTD	PO BOX 2416, ROAD TOWN	
		TORTOLA, VG1110 BRITISH VIRGIN I	
			Change
AMBR	WWM Holding Ltd.	PO BOX 2416 ROAD TOWN	X)Add
		TORTOLA, VG1110 BRITISH VIRGIN I	SLAND VG
			□Change
MGR	MARCELO, NAJNUDEL	1550 Madruga Avenue, Suite 317	□Add
		Coral Gables, FL 33146	🗆 Remove
			X Change
			□Add
			[] Remove
			□Change
			□Add
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			□Change
			□Add
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			□Chanua.

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Effective date, if other than the date of filing: 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 (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. The event 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 rd is filed. Dated October 17th 2022 Signature of a member or authorized representative of a member				
Effective date, if other than the date of filing:				
Effective date, if other than the date of filing:				
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	Jenisa Irizarry			

Typed or printed name of signee