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Amend Mame

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COVER LETTER

Divi	ision of Corp	porations		
SUBJECT:		& Communications LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Pamela Poveda		
			Name of Person	
		Not Only Data LLC		
			Firm/Company	
		333 S.E. 2nd. Avenue Suit	e 2810	
			Address	
		Miami, Florida, 33131		
			City/State and Zip Code	<u> </u>
		pam@optimumcp.com		
			to be used for future annual report no	ntification)
For further in	iformation co	oncerning this matter, please co	all:	
Josefina Eiza	ayaga		786 5427035	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)
	ling Address		Street Address: Registration S	ection

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2020 April 28 PH 1:12

SOMA PR & COMMUNICATIONS 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 I Florida document number	Liability Company v	vere filed on Novem	ber 13, 2019 and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabil	ity company here:	
Not Only Data LLC			
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	333 SE 2nd Avenue, Suite 2810, Miami, FL, 33131	
(Principal office address MUST BE A STRE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or		idress on our recor	ds, enter the name of the new register
agent and/or the new registered office addre			
Name of New Registered Agent:	Optimum Capita	I Partners Inc.	
New Registered Office Address:	333 SE 2nd Aver	nue, Suite 2810	
		Enter Florida st	reet address
	Miami		, Florida ³³¹³¹
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register	ed agent and agree	to act in this capa	city. I further agree to comply with th

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.

Gaston Marquevich. Its President

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>	Name	<u>Address</u>	Type of Action
MGR	OCP Digital Tech Partners LLC	333 SE 2nd Avenue Ste 2810, Miami, FL, 33131	= Add
			□Remove
			□Change
MGR	Maria Soledad Cedro	185 SW 7th street, Apt 901, Miami, FL, 33131	= Add
			□Remove
			□Change
MGR	Juan Martin Diaz	1228 West Ave Apt 307 West Ave Apt 307, Miam	
			\BRemove
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Filing Fee: \$25.00