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COVER LETTER

SURJECT: ASHLEN Lara, UC
SUBJECT: Honley Cara, CC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ashley I ara
Name of Person
Ashley Lara, LCC
Firm/Company
8841 NW 4th Street
Address
Pembroke Punes, FL. 33024 City/State and Zip Code Askley C SOFID. Homes E-mail address: (to be used for future annual report notification)
City/State and Zip Code
Ashley @ Soflo-Homes
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alle 1600
Name of Person Area Code Daytime Telephone Number
Name of Person
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□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
(additional copy is enclose
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

June 30, 2020

Re: Amending Authorized Person

To Whom It May Concern:

This letter certifies that I, <u>Ashley Lara</u> owner and manger of Ashley Lara, LLC request that member, Cristina Lara is changed to manager. Cristina Lara is my mother and I authorize her to become manager of Ashley Lara, LLC. Thank you.

Best Regards,

Ashley Lara 786.477.0209

8841 NW 4th St.

PMBK Pines, FL 33024

ashley @ sof10. Homes

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on or da Limited Liability Company)	ur records.)
(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 Pol. 30, 3019 and assigned Florida document number UG 000 28 7403. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbriceviation LLC." 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 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: New Registered Office Address: Enter Florida street address Florida Florida		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designat	ion "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	· V 1 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
C C	tited to amend the following: Inter the new name of the limited liability company here: Inter the new name of the limited Liability Company." the designation "LLC" or the abbreviation "LLC" or the a	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet address
	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 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>	<u>Name</u>	Address	Type of Action
AMBR	Cristina Lara	8841 NW th St. Prible Pines,	FG 33024 □Add
			Remove
		MGR - Manager	[]Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			Remove
			□Change
			□Add
		· 	□ Remove
			□ Change

	ng any other information, enter change(s) here:		
· 			
	<u> </u>		
			
	_		
an effecti lote: If i	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the applicate's effective date on the Department of State's records.	to date of filing or more than 90 days after filing.) Pursuant to 605, able statutory filing requirements, this date will not be liste	.020° ed as
record s l is filed		me, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ated	June 30th John Lanley La	<u>)</u> .	
	, Linky La	orized representative of a member	
	-		