h2000007301b

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: _____ SOCAS SOLUTIONS, LLC _____

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:

ANGELA PADILLA

Name of Person

J&A TAX SERVICES

Firm/Company

1634 SE 47th STREET, SUITE # 20

Address

CAPE CORAL, FL. 33904

City/State and Zip Code

ANGELAPADILLA1977@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA PADILLA _____ at (239) 703-3974 _____

Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

■ $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 enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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
OF

SOCAS SOLUTIONS, 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 ___March 5th, 2020___ and assigned

Florida document number ___L20000073016___.

This amendment is submitted to amend the following:

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

"NOT APPLICABLE"

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)

4550 WINKLER AVENUE

Suite #102

Fort Myers, Fl.33966

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4550 WINKLER AVENUE

Suite #102

Fort Myers, Fl.33966

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: _____ Valentina Muniz Garcia _____

New Registered Office Address: _____ 4550 WINKLER AVENUE, APT 102 _____

Enter Florida street address

Fort Myers _____, **Florida** _____ 33966 _____

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Valentina Muniz Garcia	4550 WINKLER AVENUE, APT 102	■ Add
		Fort Myers, Fl. 33966	□ Remove
			□ Change
R. Agent	Valentina Muniz Garcia	4550 WINKLER AVENUE, APT 102	■ Add
		Fort Myers, Fl. 33966	□ Remove
			□ Change
Manager	Augusto Marco Bellia	ED Majo, 4-B, AV Cuchivero, Alta Vista	□ Add
		Puerto Ordaz Venezuela VE	■ Remove
			□ Change
R. Agent	Durben Corporate Services LLC	20295 NE 29th Place, Suite 201	□ Add
		Aventura, Fl. 33180	■ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change

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

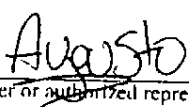PLEASE MAKE THE CHANGES REQUESTED.

E. Effective date, if other than the date of filing: _____ June 24th, 2022. _____ **(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 _____ June 24th, 2022. _____ , _____ 2022 _____ .

Augusto

Signature of a member or authorized representative of a member

Augusto Marco Bellia

Typed or printed name of signee

Filing Fee: $25.00