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(Rec	questor's Name)	
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2020 APR 14 PH 3: 43
SECRETARY OF STATE

✓ SULKER And 2.4 2020

## **COVER LETTER**

TO: Registration Se Division of Cor			
cupiect.	SOPH	IEQPONS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		HANS JAQUEZ	<del> </del>
		Name of Person	
		Firm/Company	
	7011	SCOTT STREET	
		Address	
	HOLL	YWOOD, FL 33024	
	hanciagu	City/State and Zip Code ez@pm.me	
	E-mail address: (	to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
HANS JAQU		at (_954) _300-999	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
<b>☎</b> \$25.00 Filing 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, I		The Centre of 1 2415 N. Monro	Fallahassee ee Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

inv as it now appea	ars on our records.)	
	1/2/2020	and assigned
oility company h	<u>iere</u> :	
lity Company," the	designation "LLC" or the a	bbreviation "L.L.C."
	TALL AHABSE	2020 APR I L
address on our	1.7.5	الا م
Enter Flo	orida street address	<del> </del>
City	, Florida	Zip Code
	ility company h	address on our records, enter the man

## 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, 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
_MGR	HANS JAQUEZ	7011 SCOTT STREET	Modd
		HOLLYWOOD, FL 33024	□Remove
		<del></del>	Change
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fective (	date, if other than the date of filing: (optional)
n effectiv ste: If th	date, if other than the date of filing:(optional)  re 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at
	s effective date on the Department of State's records.
ecord sp is filed.	ecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	04/10 . 2020 .
	Signature of a member or authorized representative of a member
	HANS JAQUEZ Typed or printed name of signee