Division of corpo	rations Floride departme Page 2 of 6 2020-10-07 23:06:08 (GMT) 13057180687 From Assistan	nt As
10 7 20	Floring Department of State Piviston of Corporations Electromic Filing Cover Sheet	>
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H20000350362 3)))	
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	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	
	To: Division of Corporations Fax Number Account Name Account Number Phone Fax Number Fax Number	
RECENED 2028 Oct - 8 AM 8: 47	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Smail Address: eric@epgdlaw.com LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOSPES TECH SUPPLY, LLC	
202	Certificate of Staus 1 Certified Gopy 0 Page Could 05 Estimated Charge \$30.00	
	Electronic Filing Menu Corporate Filing Menu Help	

13057180687 From: Assistant Assistant

		VER LETTER
TO: Registration Section Division of Corporations		
SOSPES TECH SUPPLY, LLC		
	Limited	Gability Company
The enclosed Articles of Amendment and fee(s) are	supinite	cd for filing.
Please return all correspondence concerning this ma	tt or to th	n following:
ERIC P. GROS-E	ривоі	S, ESQ.
Ter damen		Name of Person
EPGD ATTORNE	NS A	LAW, P.A.
		Firm/Company
777 SW 37TH AVE	SUIT	E 510
		Address
MIAMI, FL 33135		
		by/State and Zip Code
ERIC@EPGDLAV	S (to be	used for future annual report notification)
For further information concerning this matter, pleas	call:	
ERIC P. GROS-DUBOIS, ESQ.		at (837-6787
Name of Person		Area Code Daytime Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee		\$55.00 Filing Fee & S60.00 Filing Fee,
Certificate of Status		Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Co.porations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ART	ÇLE	S OF A	MENDM	ENT	
		ТС)	•	•
ARTIÇ	CLES	OF O	RGANIZA	TION	
		0	<u>,</u>	Ĺ.	
SOSPES TECH SUPPLY, LLC					
(Nume of the Limited	Liabili	Company Company	y as it now appe	ars on our record	<u>s.</u>)
		· .			
The Articles of Organization for this Limited Lia	ality C	отралу м	vere filed on C)4/15/2020	and assigned
Florida document numberL20000104008					
This amendment is submitted to amend the follow	ring:				· .
A. If amending name, enter the new name of t	he limi	ted liabil	ity company	here:	· .
SOSPES TEXTILES, LLC					•
The new name must be distinguishable and contain the wor	di "Limi	ed Liabilit	v Comnany." the	designation "LLC"	" or the abbreviation "L.L.C."
the new mane must be distinguishable and contain the wor			y company, and	<i>ç</i>	
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	ADD	(<u>ESS</u>)		EGRO STRE	
			CORAL GA	ABLES, FL 33	3134
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B			3301 MON	EGRO STRE	ET
(Maining address WAT BE A FOST OF HEED			CORAL GA	BLES, FL 331	34
B. If amending the registered agent and/or reg	nstered	office ar	dress on our	records. enter f	he name of the new registered
agent and/or the new registered affice address	here:				
Name of New Registered Agent:	GON	ALO LE	ON DE LA E	BARRA	
traine of them in grading the grading					
New Registered Office Address:	8301 MONEGRO STREET Enter Florida street address				
	COR/	L GABI		, Flo	rida <u>33134</u>
			Cin		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 maringe, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Manager Authorized Member						
<u>fitle</u>	Name	A	ddress	۰.	•		Type of Action
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D. If amending any other information, enter change() here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing (approximation of the provided of the pr			•	·
document's effective date on the Department of Sine'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 <u>OCTOBER 7TH</u> 2020				
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			t en effe	cive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	Dated			020

Dated	OCTOBER 7TH. Minisch C	4	2020 & B
	Signature of a m	ente	r of authorized representative of a member
	GONZALO LEON DE LA BARRA		
		fpec	Filing Fee: \$25.00