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(((H23000234615 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I2014000083 Phone : (407)932-0040 Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future? annual report mailings. Enter only one email address please.

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MARIA SOD LLC

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July 6, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MARIA SOD LLC 3802 CARRICK BEND DR KISSIMMEE, FL 34746US

SUBJECT: MARIA SOD LLC

REF: L20000162780

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

No type of action indicated for Mgr Yaneth Reyes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Operations Manager A FAX Aud. #: H23000234615 Letter Number: 623A00015018

COVER LETTER

TO: Registration Se Division of Cor					
MARIA SO	DDLLC				
gender:	Name of Lin	ited Liability Company		•	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter	Ť			
.··	YANETH REYES				
		Name of Purson			
	MARIA SOD LLC				
		Firm/Company			
·	2265 EMPEROR DR				
		Address			
	KISSIMMEE, FLORIDA	34744			
	MARIASODULC@GMAI	City/Stete and Zip Code L.COM		. 5. 2	
	E-mail address.	to be used for future annual report notif	ication)	2023 JUL SECHET	
For further information's	concerning this matter, please o	all:			ै हैं <u>क्</u> रस्य
ORIOL CASTILLO BE	RNAL	407 244-4118		- 50 - 50 - 50 - 50 - 50 - 50 - 50 - 50	
:Name o	of Person		Telephone Number	PH 2: 0	
Enclosed is a check for t	he following amount:			., . 39	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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 \$10
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARIA SOD LLC.					•	
(Name of the Lim	ited Liability Comps (A Plotida Limited	iny as it now appears on ou Liability Company)	r records.)			
The Atticles of Organization for this Limited	Liability Company	were filed on 04/13/202	1	, and a	ssigned	; <u>}</u>
Florida document number (L20000162789)	· · · · · · · · · · · · · · · · · · ·				6 F.	•
This amendment is submitted to amend the fo	llowing:			:	(<u>V</u> : 1,7	; ,
A. If amending name, enter the new name	of the limited liab	oility company bere:				
The new name must be distinguishable and contain the	words "Limited Liabs	lity Company," the designati	on "LLC" or the ab	previation "	L.fC."	
Enter new principal offices address, if appl	icable:				<u> </u>	
Inter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS)</u>	2980 AVIAN LOOP					
		KISSIMME PL 34741				
Enter new mailing address, if applicable:		2980 AVIAN LOOP				
(Mailing address MAY BE A POST OFFICE	Е ВОХ)	KISSIMMEE, FL 3474	1	·	1911 - S. 1	· · _
	 			in the second	7 <u>8</u> 7	ı
B. If amending the registered agent and/or	registered office	address on our records	, enter the nam	e of-the n	<u>(W. Led</u> (근 (파	ister
ngent and/or the new registered office addr	ess here:			7.0	-6 -0	
Name of New Registered Agent:	ORIOL CASTILLO BERNAL			3 4	<u></u>	
New Registered Office Address.	2980 AVIAN I	.OOP			ယ္	
		Enter Florida stre	et address	1		
	KISSIMMEE		, Florida ³⁴⁷	41		
		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, enter the title, name, and address of each person being added or removed from our records:

٠, .

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	ORIOL CASTILLO BERNAL	2980 AVIAN LOOP KISSIMME, FL 34741	1: Vidi
			□Remove
			□ Chanze .
MGR	YANETH REYES	2265 EMPEROR DR KISSIMMEE FL 34744	□Add
			@ Removt
			□Change
			□Add
			DRemove
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			🗀 Add
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			□ Remove
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Treetive date is listed, the date must be specific and	g: (optional) I eannot be prior to date of filing or more than 90 days after filing)	Persion to 605 (
If the date inserted in this block does not m	neet the applicable statutory filing requirements, this date w	all not be listed
nent's effective date on the Department of S	state's records.	vij
id specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after
iled.		•
		: '
JULY 3	2023	
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	/ /11	
Signature of a n	member or authorized representative of a member	 :
Signature of a n	member or authorized representative of a member	 :

Filing Fee: \$25.00