L20000 217400

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COVER LETTER

TO:	Registration Sec Division of Corp				
	Sofla Propert	y LLC			
SUBJE	CT:	Name of Limit	ed Liability Company		
The enc	losed Articles of A	Amendment and fec(s) are subn	nitted for filing.		
Please r	eturn all correspon	idence concerning this matter to	o the following:		
		Jason	Dawin		
			•		
		Sofla Pr	Operty LLC		
			rim/Company		
		488 NE 18th	S+ APT 370 Address	<u> </u>	
		_ Miami, F	City/State and Zip Code		
			on & yahoo. Co		
For fur	ther information co	oncerning this matter, please ca	Al:		
	Jason T	Damm	at (<u>94(</u>) Area CodeD	87-942	5
	Name of	Person	Area Code D	aytime Telephor	ie Number
Enclos	ed is a check for th	ne following amount:			
∑ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed		S60.00 Filing Fee, Certificate of Status & 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

Sofla Property LLC

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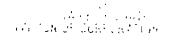
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Jaly 23, 2020 and assigned Florida document number <u>L2000217400</u> This amendment is submitted to amend the 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 abbreviation "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 City

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 21 AUG -2 PM 3: 13	Type of Action
мGR	Joshua Damm	1661 Central Ave #5007	= Add
		St Petersburg, FL 33713	□Remove
			□Change
			□ Add
			□Remove
			🗆 Change
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tive date, if other than th	e date of filing:			(option	ial)
ffective date is listed, the date mugarity and the date inserted in this but ment's effective date on the I	ust be specific and cannot be block does not meet the a	applicable statuto	ng or more than try filing require	00 days after fi ements, this c	ling.) Pursuant to 605 late will not be list
ord specifies a delayed effecti filed.	ive date, but not an effec	tive time, at 12:0	I a.m. on the ea	arlier of: (b)	The 90th day afte
a July 28	. 20	<u> </u>	11	1	
J			pole	w	
	Signature of a member of	or authorized repres	entotice of a mer	nber	
Jason	•~		1 4/	y Dam	