# L20000388254

(Re	questor's Name)	
(Ad	dress)	
v	,	
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(Cit	:y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Corp	porations			
CUBIECT	SOUTHO!	%&CO LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del> </del>	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		Yanet Comesanas		
		Name of Person		
		VGV (US) LLC		
	-	Firm/Company		
		2100 Ponce de Leon Blvd,	Suite 850	
	-	Address	···	
		Coral Gables, 33134		
		City/State and Zip Code	<u></u> _	
	•	anetc@vivancoyvivanco.co		
	E-mail address: (	to be used for future annual rep	port notification)	
For further information co	oncerning this matter, please co	all:		
Yanc	t Comesanas	786	471-4655	
Name of	f Person	at () Area Code	Daytime Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Sed) \$\int \\$ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose)	

TO:

**Registration Section** 

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

SOUTHO	N&CO LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear la Limited Liability Company)	s on our records.)	<del> </del>
The Articles of Organization for this Limited Liability (	Company were filed on	09/21/2020	and assigned
Florida document number L20000288254	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company he	<u>re</u> :	
STHCO LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI		11-2	<del>.</del>
Enter new mailing address, if applicable:		<u>.</u>	
Mailing address MAY BE A POST OFFICE BOX)			<del></del> -
B. If amending the registered agent and/or registere	d office address on our re	ecords, enter the na	ime of the new regis
gent and/or the new registered office address here:	a viite naartos on var i	<u>enter the h</u>	;
Name of New Registered Agent:	-		
New Registered Office Address:			
	Enter Flor	ida street address	
		, Florida	-
<u></u>			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 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>	<u>Address</u>	Type of Action
			🗆 Remove
		<del> </del>	□Change
			□Add
			□Remove
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Note: If	e date, if other than the dative date is listed, the date must be the date inserted in this block t's effective date on the Depart	does not meet the applicable st	of filing or more than 90 days after fil atutory filing requirements, this d	ial) ling.) Pursuant to 605.0207 (i date will not be listed as th
ne record s ord is filed	l.		12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	March 10th	. 2021		
	Sig	mature of a member or authorized r	/ representative of a member	<del></del>
		Carlos Javier Fial		
		Carlos Javier Flai	10	