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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.

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To:

Division of Corporations

Fax Number : (850)617-6383

Soficonzo LLC

L20000293178

From:

Account Name : IBRAHIM LAW, P.A.

Account Number : I20160000084

Phone : (954)438-8393

Fax Number : (954)438-6540

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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Email A	DULES	5 :	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOFICARI20 LLC

Certificate of Status	0
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Estimated Charge	\$25.00

COVER LETTER

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	Registration Se Division of Co			
CITD IE/	SOFICARI			
SUBJEC	.T:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Odalys Ibrahim, Esquire		
			Name of Person	
		Ibrahim Law, P.A.		
			Firm/Company	
		11200 Pines Boulevard, St	uite 200	
			Address	- Additional to the Control of the C
		Pembroke Pines, FL 3302	6	
			City/State and Zip Code	
		oibrahim@ibrahimlawpa.co	om to be used for future annual report notif	fication)
For furth	er information o	concerning this matter, please c	·	
Odalys I	brahim, Esquire		954 438-8393 at ()	
	Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for t	he following amount:		
\$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		Street Address:	rtion
	Registration 3 Division of C		Registration Sec Division of Cor	
	D O Day 620	•	The Centre of T	-

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H 20000 415363

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOFICARI20 LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on September 17 2020	and assigned
Florida document number L20000293178		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lish	oility company here:	
The new name must be distinguishable and contain the words 'Limited Liabi	lity Company," the designation "LLC" or the ab-	breviation "L.L.C."
Enter new principal offices address, if applicable:	1980 Bay Drive Apt. 20	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach FL 33141	
Enter new mailing address, if applicable:	4747 Collins Avenue Unit 602	
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, FL 33140	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		!
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	
	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.

H 20000 415363
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

Title	Name	Address	Type of Action
AMBR	ANA PATRICIA CRUZ	4747 Collins Avenue Unit 602	\bar{\bar{\bar{\bar{\bar{\bar{\bar{
		Miami Beach, FL 33140	□Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
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		N.A	Remove
			Change
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			□Remove
			Change

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ffective date, if other than th	e date of filing:		(optional) 0 days after filing.) Pursuant to 605.020
an effective date is listed, the date moved in the date inserted in this locument's effective date on the light	slock does not meet the application	cable statutory filing require	ments, this date will not be listed a
record specifies a delayed effect: I is filed.	ve date, but not an effective t	ime, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after the
December 1	2020		
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Typed or printed name of signee