## L20000297597

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SECRETARY OF STATE

12/9/20



## **COVER LETTER**

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SUBJEC		ND DEE! LLC	٤	14 jan 4	χ.				
Name of Limited Liability Company									
The enclo	osed Articles of	Amendment and fee(s) are su	ibmitted for fi	iling.					
Please ret	turn all corresp	ondence concerning this matte	er to the follow	wing:					
		DIULVYS M MARRER	O						
			Name	of Person	<del></del> -				
		SOFIA ADN DEE! LLC							
			Firm/0	Company					
		635 BEACH AVE							
			Ad	ldress	<u> </u>	<del></del>			
		PORT ST LUCIE FL 349	152						
			City/State a	and Zip Code	<del>-</del>				
		agdm2006@aol.com							
п с .				future annual re	port notification)	<del></del>			
For further	r information c	oncerning this matter, please of	call:						
DIULVS	M MARRERO		7' at (	72 985-0	0280				
_	Name o	f Person		rea Code	Daytime Teleph	one Number			
Enclosed i	s a check for th	ne following amount:							
€ \$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certif	Filing Fee & ied Copy mal copy is enclos		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
R D P.	Jailing Address egistration S vivision of Co O. Box 632 allahassee, F	Section orporations 7		Division of The Centre	ress: on Section of Corporation re of Tallahas Monroe Street	see			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SOFIA AND DEE! LLC

2020 OCT 30 PM 6: 19

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SLCRETARY OF STATE TALLAHA SSEE, FU The Articles of Organization for this Limited Liability Company were filed on 09/21/2020 and assigned Florida document number L20000297597 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SOFIA AND DEE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 \_, Florida \_\_ Citv

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>	Name	Address	Type of Action
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			Remove
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E. Effectiv	ve date, if other than the date of filing:	
	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	207 (3) as the
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	ıe
Dated _	10/27/2020	
	Signature of a member of authorized representative of a member	

Typed or printed name of signee