L20000350817

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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
CHD IEC	SOFLO EN	IVIRONMENT CONTROL LI	.c	
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	_	
		Nicolas Bailey		
			Name of Person	
		SOFLO ENVIRONMENT	CONTROL LLC	
			Firm/Company	· -
		1515 N University Dr. Suit	te 111	
			Address	
		Coral Springs, FL 33071		
			City/State and Zip Code	
		andrea@egirlfridayva.com		
		E-mail address; (to be used for future annual report n	otification)
For furthe	r information c	oncerning this matter, please ca	all:	
Andrea R	icketts		954 8094931	
	Name o	f Person	at () Area Code Days	ime Telephone Number
Enclosed i	is a check for th	ne following amount:		
≘ \$25.0°	0 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)
	Tailing Addres		Street Address:	
	Registration S		Registration S	
	Division of C P.O. Box 632		Division of C The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOFLO ENVIRONMENT CONTROL LLC

company has been notified in writing of this change.

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

(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000350872</u>	were filed on 11/05/20	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		27
Enter new mailing address, if applicable:		}
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		- n
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office.	performance of my d rovided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

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	Type of Action
CEO	NICHOLAS BAILEY	1515 University Dr #111	
		Coral Springs, FL 33071	
			□Change
CEO	Rebecca A Ronaghi	1515 N University Dr 111	■Add
		Coral Springs. FL 33071	□Remove
		□Change	
		□Add	
		□Remove	
			☐ Change
		Remove	
		Change	
		□ Add	
		□Remove	
		•	Change
			□Add
			Remove
			□Change

Mootiva	date, if other than the date of filing: (optional)
fan effecti Note: If	ve 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed	
d is filed	15 2024 Al duo-
d is filed	2024 Signature of a member of authorized representative of a member