

L20000392049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

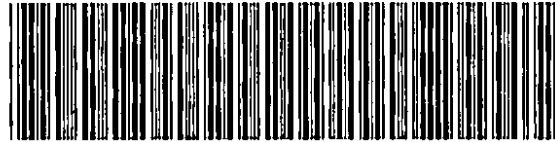
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500357909195

01/21/21--01013--013 \*\*25.00

2021 JAN 21 PM 4:01  
TALLAHASSEE, FL  
-11 FID

PA  
2/24/21

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: SOFLA CAPITALS LLC  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YERMY MONTESDEOCA

Name of Person

ITA SOLUTIONS CORP

Firm/Company

4987 N UNIVERSITY DR SUITE 27

Address

LAUDERHILL, FL 33351

City/State and Zip Code

DM@ITASOLUTIONS.CODM@

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YERMY MONTESDEOCA 954 572-5919  
Name of Person at ( ) Area Code Daytime Telephone Number

The enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 CAPITALS LLC**

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

Articles of Organization for this Limited Liability Company were filed on 12/15/2020 and assigned  
Florida document number L20000392049.

This amendment is submitted to amend the following:

**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 "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**

**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**  
City Zip Code

**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 Changing Registered Agent, Signature of New Registered Agent

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

R = Manager

BR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
BR	IGLESIAS CASAL, SEBASTIAN	9700 NW 52ND PLACE	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33076	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

No other information is to be amended but to clarify, we are correcting the name of the authorized member as

follow:

Name: Sebastian

Last Name: Iglesias Casal

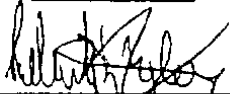
**Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 record is filed.

Dated 15<sup>TH</sup> JAN 2021



Signature of a member or authorized representative of a member

SEBASTIAN IGLESIAS CASAL

Typed or printed name of signee