L2100004584L

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Danumant Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration S Division of Co				
	Y SOLUTIONS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fec(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	CHRISTOPHER SOTO			
		Name of Person		
	SOTOWAY SOLUTIONS	SLLC		
		Firm/Company		
	7901 4TH ST NSTE 300			
	Address			
	ST, PETERSBURG, FL 33702			
		City/State and Zip Code		
	SOTOWAYTRUCKREPA	IR@GMAIL.COM to be used for future annual report i	notification)	
For further information	concerning this matter, please c	-	(Anteuron)	
CHRISTOPHER SOTO		at ()		
Name	of Person	Area Code Day	time Telephone Number	
Enclosed is a check for	the 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 Addre Registration		Street Address: Registration		
Negistration		Negistration of C		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

SOTOWAY SOLUTIONS LLC

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

The Articles of Organization for this Limited Liability Comp	any were filed on 01/25/2021	and assigned
Florida document number L21000045846		
Iorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SOTOWAY TRUCK REPAIR LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 2901 swindell road lakeland fl 33805		and fl 33805
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·
	2901 swindell road lakel:	and fl 33805
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off	ice address on our records.	enter the name of the new regi
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Begintered Office Address		
New Registered Office Address:	Enter Florida street	address
	Florida	
- 	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
hereby accept the appointment as registered agent and		

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>	Address	Type of Action
			□Add
			□Change
		□Add	
			□Remove
			□Change
			□Add
			□ Change
		□Add	
			🗖 Remove
			□Add
			□Remove
			□Change
	- 	□Add	
			□Remove
			□ Change

(If an e	tive date, if other than the date of filing:
he reco	ord 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 filed.
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Christopher Soto Typed or printed name of signee