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Office Use Only



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COVER LETTER

TO: Registration Section .

Divi	ision of Cor	porations		
	SOM MAN	AGEMENT LLC		
SUBJECT:				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		CARLOS M RIVERA		
			Name of Person	
		SOM MANAGEMENT L	LC	
			Firm/Company	
		245 SW CHANDLER TEI	RR	
			Address	
		PORT ST LUCIE FL 3498	34	
			City/State and Zip Code	
		SOMMANAGEMENTLLC E-mail address: (T@GMAHCOM to be used for future annual report not	tification)
For further in	iformation c	oncerning this matter, please c		
CARLOS M	RIVERA		561 3199147	
	Name o	t' Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Address: Pagistration Sc	ection
	gistration S vision of C	Section Corporations	Registration So Division of Co	
). Box 632 lahassee, I		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOM MANAGEMENT LLC			
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our record Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number L21000097815	were filed on <u>03/01/2021</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	CARLOS M RIVERA		
Principal office address MUST BE A STREET ADDRESS)	245 SW CHANDLER TERR		
	PORT ST LUCIE FL 34984		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre	NS .	
	. Fl	lorida	
	City	lorida 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.

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			□Remove
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n effective date, it other than the n effective date is listed, the date mus ote: If the date inserted in this blo	be specific and car	nnot be prior to da	ate of filing or more	than 90 days after f	iling.) Pursuant to	605,020 listed as
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Filing Fee: \$25.00