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## **COVER LETTER**

TO:

**Registration Section** 

	rporations	,		,	
Soma Partr	ners LLC				
SUBJECT:	Name of Lim	ited Liability Compa	ny	<del> </del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JAMES BAKER				
	<u></u>	Name of Perso	on .		
	MATA & BAKER TAX C	ONSULTANTS L	I.C		
	<del></del>	Firm/Compan	ıy		
	80 SW 8TH ST STE 3303				
		Address			
	MIAMI, FL 33130				
	·	City/State and Zip	Code		
	support@mbtaxconsultants.				
	E-mail address: (	to be used for future a	annual report notif	fication)	
For further information of	concerning this matter, please co	all:			
JAMES BAKER		888 at (	250-8960		fro (
Name o	f Person	Area Cod	e Daytime	Telephone Number	
					-
Enclosed is a check for t	he following amount:				C.J
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop	py	Certified C	of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Re Di Th 24	eet Address: egistration Sec vision of Cor le Centre of T 15 N. Monroe llahassee, FL	porations allahassee e Street, Suite 810	)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SOMA PARTNERS 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 Company were filed on 05/05/2021 \_\_\_ and assigned Florida document number  $\stackrel{\text{L21000210655}}{-}$ This amendment is submitted to amend the following: A. 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) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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
MGR	Oscar Delgado Velez	80 SW 8TH ST STE 3303, MIAMI, FL 33130	■Add
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ecord specifies a delayed effective date, but not an effe is filed.	ective time.	, at 12:01 <b>a</b> .r	n. on the ear	tier of: (b) T	The 90th da	ıy after th
may 25TH 2021						
Signature of a member						_
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