

5/20/2021

Division of Corporations

L21000221937

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KIM MARKS CPA  
Account Number : I20120000072  
Phone : (305)895-5815  
Fax Number : (305)895-6273

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SOUTH SOCIETY LLC

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FLORIDA DEPARTMENT OF STATE

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**COVER LETTER**

H 21 000 2034213

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SOUTH SOCIETY LLC**

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**KIM MARKS**

Name of Person

**KIM MARKS CPA PA**

Firm/Company

**2136 NE 123RD ST**

Address

**NORTH MIAMI FL 33181**

City/State and Zip Code

**KIMMARKS@KIMMARKSCPA.COM**

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

For further information concerning this matter, please call:

**KIM MARKS**

305  
at ( )

895-5815

Name of Person

Area Code

Daytime 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 &  
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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

H 21 000 203 4513

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH SOCIETY 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 05/12/2021 and assigned  
Florida document number L21000221937.

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:

KIM MARKS CPA

New Registered Office Address:

2136 NE 123RD ST

*Enter Florida street address*

NORTH MIAMI


Florida 33181

*City*

*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 Changing Registered Agent, Signature of New Registered Agent**

1421 000 203 4213

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>	<u>Type of Action</u>
MGR	MAXIMILIANO MIRAGLIA	6325 NW 78TH DR	<input checked="" type="checkbox"/> Add
		PARKLAND FL 33067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDER ARIEL JUAN MOROSI	6325 NW 78TH DR	<input checked="" type="checkbox"/> Add
		PARKLAND FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IVAN ANDRES MARIA MOROSI	6325 NW 78TH DR	<input checked="" type="checkbox"/> Add
		PARKLAND FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICARDO MARTIN I MOROSI	6325 NW 78TH DR	<input checked="" type="checkbox"/> Add
		PARKLAND FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add