

h21000359604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

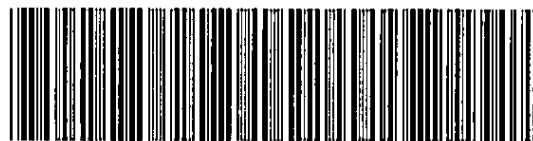
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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLILOQUIO 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:

MARCELO A. ALVAREZ

Name of Person

JELOFAR LLC

Firm/Company

5921 NW 176th ST UNIT #1

Address

HALEAH, FL 33015-5133

City/State and Zip Code

manager@jelofar.com

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

For further information concerning this matter, please call:

MARCELO A. ALVAREZ

305 631-2756
at ()

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 &
Certified Copy
(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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 OCT 26 PM 1:19

SOLILOQUIO 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 08/10/2021 and assigned
Florida document number L21000359604.

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:

5921 NW 176th ST UNIT #1

(Principal office address MUST BE A STREET ADDRESS)

HALEAH, FL 33015-5133

Enter new mailing address, if applicable:

5921 NW 176th ST UNIT #1

(Mailing address MAY BE A POST OFFICE BOX)

HALEAH, FL 33015-5133

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:

MARCELO A. ALVAREZ

New Registered Office Address:

5921 NW 176th ST UNIT #1

Enter Florida street address

HALEAH

Florida 33015-5133

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

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	JELOFAR LLC	5921 NW 176th ST UNIT #1	<input checked="" type="checkbox"/> Add
		HALEAH, FL 33015-5133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	PATRICIA M GARCIA	20515 E. COUNTRY CLUB DR., APT.2045	<input type="checkbox"/> Add
		AVENTURA, FL. 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JESUS A GIORGI	20515 E. COUNTRY CLUB DR., APT.2045	<input type="checkbox"/> Add
		AVENTURA, FL. 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	FLORENCIA E GIROGI	20515 E. COUNTRY CLUB DR., APT.2045	<input type="checkbox"/> Add
		AVENTURA, FL. 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SANTIAGO M GIORGI	20515 E. COUNTRY CLUB DR., APT.2045	<input type="checkbox"/> Add
		AVENTURA, FL. 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

If 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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00