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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC		TESTMENT TEAM, LLC		
·	UI:			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Jennifer Q. Fountain		
			Name of Person	
			Firm/Company	
		7202 S. DeSoto Street		
			Address	
		Tampa, FL 33616		
			City/State and Zip Code	
		jennyquinnirizarry@me.com		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please c	all:	
Jennifer	Fountain		813 391-4970 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for th	ne 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:		Street Address:		
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
	P.O. Box 632	•	The Centre of Tallahassee	
	Tallahassee, I	FL 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

MUSEY 27 AM 6: 47

SOHO INVESTMENT TEAM, LLC		•
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our re ed Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa	my were filed on 8/11/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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 and/or the new registered office address here:	ce address on our records, <u>e</u>	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	uddress
		. Florida
	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 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 23-183, 27 All 6: 47	Type of Action
mgr	Jennifer Q. Fountain	3140 W. Kennedy Blvd. Suite 102	= Add
		Tampa, FL 33609	□Remove
			□Change
mgr	Lee Pitisci	101 S. MOCOLY AVE	□Add
		Tampa FL 33604	Remove
			□Change
			🗆 Add
		,	□Remove
			□Change
·			□ Add
			Пстюче
			□ Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change

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	be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 to applicable statutory filing requirements, this date will not be listed as to
record specifies a delayed effective date, but not an effe his filed.	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated September 15th 2021	

Typed or printed name of signee