(((H21000454239 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

Email	Address:			
Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOFTCLOUDS ESTATES LLC

	<u> </u>
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

DEC 2 1 2021 A. LUNT



December 17, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOFTCLOUDS ESTATES LLC 667 NE 105 STREET MIAMI SHORES, FL 33138US

SUBJECT: SOFTCLOUDS ESTATES LLC

REF: L21000451022

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt FAX Aud. #: H21000454239 Regulatory Specialist III Letter Number: 821A00030491

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	Estates LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		·	
Please return all correspo	indence concerning this matter	to the following:	
	Steven Rosenthal		
		Name of Person	
	Max Rosenthal PLLC		
		Firm/Company	
	One SE Third Avenue, Su	ite 1210	
	<del></del>	Address	
	Miami, FL 33131		
		City/State and Zip Code	
	steve@marxrosenthal.com		
	E-mail address: (	to be used for future annual report noti	(Meation)
For further information of	oncerning this matter, please c	all:	
		786 378-81-21	
Name o	f Person	at () Area Code Daytim	ac Telephone Number
Enclosed is a check for the	s. Esthanina manant		
	-	Corror or o	C) 622 64 ETC 15
■ \$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 Addres		Street Address:	ation
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of 1	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Soliciouds Estates LLC		R 📆		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company Florida document number 1.21000451022  This amendment is submitted to amend the following:		C 2		
A. If amending name, enter the new name of the limited liab	pility company here:	_1		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2900 NE 7th Avenue			
(Principal office address MUST BE A STREET ADDRESS)	Biscayne Beach Condo, Unit 1208			
	Miami, FL 33137			
Enter new mailing address, if applicable:	2900 NE 7th Avenue			
(Mailing address MAY BE A POST OFFICE BOX)	Biscayne Beach Condo, U	Juit 1208		
	Miami, FL 33137	<del></del>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>e</u>	nter the name of the new registered		
New Registered Office Address:				
interest vinite ritterin.	Enter Florida street ad			
		Florida		
	Cuy	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. Thereby 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	Type of Action
MGR	Grzegorz Albin	2900 NE 7th Avenue	□Add
		Biscayne Beach Condo, Unit 1208	
		Miami, FL 33137	_
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
		<del>-1, -31</del> - 3-3	□Add
			□ Kemove
			□Change

. If amending any other inform:				
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	·		- <i>-</i>	
Effective date, if other than the fanctions due is listed, the date may Note: If the date inserted in this blid document's effective date on the Defective date.	The contract and the street of the contract of	vaure verment a minimo	(optional) re than 90 days after filing.) requirements, this date	) Pursuant to 605,0207 (3)( will not be listed as the
e record specifies a delayed effective d is tiled.	date, but not an effective	time, of 12:01 a m. o	n the earlier of: (b) The	290th day after the
December 11 Dated	2021	— 1/1   1	01	
	Signature of a member of with	1 1/1/32	- /Ml ,	
•	arthurnae or a member or noth	unized representative (	of a member	
Grzegorz Albin	Typed er prin		•	

Filing Fee: \$25.00