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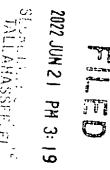
(₭€	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	-	
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT:	Soci Family +	d Liability Company	
The enclosed Articles of a	Amendment and fee(s) are submi	tted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	ISMAEL	EOMEZ MA	<u>cias</u>
	SOFI FA	Name of Person Horizon Firm/Company	Lic
	10 CANAL SI	Suite 286 Address	
	MIAMI S	PRINES FL 33 City/State and Zip Code	166
		SOFIFAMILY HOME	
For further information co	oncerning this matter, please call:		i dation y
LSMAEL 60 Name of	Person MACIAS	at (<u>305</u>) <u>69.7</u> Area Code Daytime	-764/ Telephone Number
Enclosed is a check for th	e 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



SOFI FAMI	ly Homes LLC	
(Name of the Limited Liabi (A Florid	ility Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number <u>L21004630</u> 2		25/202/ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	**************************************	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		, enter the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida stre	et address
		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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
<u>HGR</u>	RAHON VAILE TOIZIZES	10 CANAL ST Suite 286	□Add
		MIAMI SPINNGS, FL, 33166	Remove
			Change
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lf amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effect Note: I	tive date, if other than the date of filing:	
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted.	er the
Dated _	06/14/2022	
	3/mall	
	Signature of a member or authorized representative of a member	
	ISMITEL GONEZ MINCIAS Typed or printed name of signee	