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2022 HAY 13 PH 12: 27

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Soghousing 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:
Solange Franco: 3
Name of reison
Spahousing Firm Company
18117 Biscayne Blud #1437
Miami FL 33/40 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Solange Francois at (305) 710-8/03 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Sanbasia	l C	2022 TAT 13 PH 12: 27
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our recor- liability Company)	TALLAHASSEE.FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L2790005706</u> .7	were filed on $\frac{\partial \partial }{\partial z}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Fatar navy mailing address: if applicables		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		·
Training management by the second sec		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>ente</u> r	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
**************************************	City F	lorida
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	Type of Action
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			(Dehange
MGR	Charleen Francois	18117 Biscopre Blvd #1	43/cadu
			□Remove
			□Change
			□Add
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an effective date is list of the date instant.	ther than the dat sted, the date must be s serted in this block of e date on the Depar	specific and canno does not meet th	t be prior to date of e applicable stat	filing or more than		ling.) Pursu		
record specifies a c is filed.	lelayed effective da	ie, but not an eff	ective time, at 12	2:01 a.m. on the e	arlier of: (b)	The 90th	day afte	er the
ated <u>4</u> / 5	27/22							
	Sign	ature of a membe	r or authorized rep	resentative of a mer	nber			
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