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COVER LETTER

TO: Registration of	on Section Corporations				
	SosaFinancial L0 LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Article	es of Amendment and fee(s) are sub-	mitted for filing.			
Please return all corr	respondence concerning this matter (to the following:			
	Stephanic Goebel				
Name of Person					
	ZenBusiness Inc.				
	Firm/Company				
	5511 Parkerest Drive, Ste. 103 Address				
	Austin, TX 78731				
	fulfillment@zenbusiness.co	City/State and Zip Code m			
	E-mail address: (t	o be used for future annual report notifi	ication)		
For further informat	ion concerning this matter, please ca	ill:			
Stephanie Goebel ca	o ZenBusiness Inc.	844 493-6249			
Na	ame of Person	Area Code Daytime	Telephone Number		
Enclosed is a check	for the following amount:				
■ \$25.00 Filing Fe	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TeamSosaFinancial L0 LLC

2022 HIY 16 AM 10: 09

(A Florida Limited	Liability Company)	ecoras.)	
The Articles of Organization for this Limited Liability Companion Florida document number $\frac{1.22000143883}{1.22000143883}$.	y were filed on 03/24/2022	{	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	"LLC" or the abbrevia	ation "L.1.,C."
Enter new principal offices address, if applicable:	6471 Colony Park Dr Mer	rritt Island , FL 3295	53
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	6471 Colony Park Dr Mei	rritt Island , FL 3295	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		cords, <u>enter the</u>	name of the r
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	ditracs	
	City	_, Florida 	n 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>	Type of Action
AMBR	Melinda D Sosa		Add
			☐ Remove
		6471 Colony Park Dr. Merritt Island, FL 32953	■ Change
AMBR	Edward V Sosa		□ Add
			□ Paymana
		6471 Colony Park Dr. Merritt Island, FL 32953	■ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

). If amending any other inform	nation, enter change(s) here: //	Attach additional sheets, if ne	cessary.)
			<u> </u>
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Effective date, if other than t (If an effective date is listed, the date i Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to deblock does not meet the applicable	(op ate of filing or more than 90 days af statutory filing requirements, t	tional) for tiling.) Pursuant to 605.0207 (3 his date will not be listed as the
the record specifies a delay) The 90th day after the r	ed effective date, but not an ecord is filed.	n effective time, at 12:01	a.m. on the earlier of:
Dated May I	2022		
/s/ Melinda D Sosa			
	Signature of a member or authorize	d representative of a member	
Melinda D Sosa			
	Typed or printed na	ime of signee	

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Filing Fee: \$25.00