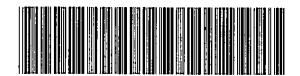
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COVER LETTER

TO:	Registration Se Division of Cor		,	2					
	SOFLOFLI	IDJLLC.			•				
SUBJI	ECT:	Name of Lim	ited Liability Company		_				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please	return all correspo	ndence concerning this matter	to the following:						
		ROXIE SAGELY							
			Name of Person						
			Firm/Company						
		1016 KAPOK LANE							
			Address						
		RIVIERA BEACH, FL 33-	410						
		City/State and Zip Code							
		10x_danyel@live.com			_				
		E-mail address: (to be used for future annual report noti	ification)					
For fur	ther information co	oncerning this matter, please ca	all:						
ROXII	E SAGELY		731 439-6228 at ()						
	Name o	f Person	Area Code Daytim	e Telephone Num	her				
Enclos	ed is a check for th	ne following amount:							
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif	Filing Fee, icate of Status & ied Copy mal 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

SOFLOFLUID.LLC		202 AL
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record ida Limited Liability Company)	The second second
The Articles of Organization for this Limited Liability	Company were filed on $03/28/2022$	and assigned T
Florida document number <u>L22000148434</u>		
This amendment is submitted to amend the following:		AH II: 28 W SIATE V FLORID/
A. If amending name, enter the new name of the li	mited liability company here:	•
ROXIEDANYELLLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new registered
ingent many the new regions and a second		
Name of New Registered Agent:		* ***
New Registered Office Address:		
	Enter Florida street addre:	vs.
	. FI	orida
·	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	Type of Action
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			□Remove
		<u>,</u>	□Change
			□ Add
			□Remove
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