

L220000354890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

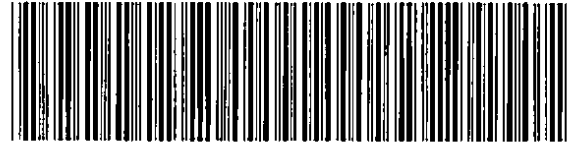
(Business Entity Name)

(Document Number)

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08/17/23--01004--008 \*\*25.00

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2023 AUG 17 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SOPITHLO LLC  
SUBJECT: \_\_\_\_\_

\_\_\_\_\_  
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:

NADIA HIPOLITA

\_\_\_\_\_  
Name of Person

BUSINESSROCKET, INC

\_\_\_\_\_  
Firm/Company

15442 VENTURA BLVD STE 101

\_\_\_\_\_  
Address

SHERMAN OAKS, CA 91403

\_\_\_\_\_  
City/State and Zip Code

DOCS@BUSINESSROCKET.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NADIA HIPOLITA

310

424-5558

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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**

SOPITILLO LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/11/2022 and assigned  
Florida document number L22000354890.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

118 LAKE SHORE PKWY

DAVENPORT, FL

33896

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

118 LAKE SHORE PKWY

DAVENPORT, FL

33896

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

PIERRE MAGRA

New Registered Office Address:

118 LAKE SHORE PKWY

*Enter Florida street address*

DAVENPORT

Florida 33896

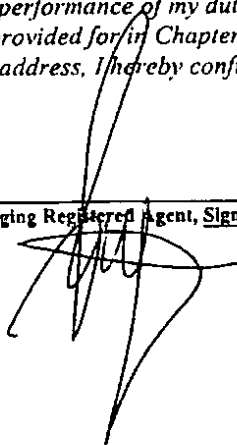
*City*

*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 Changing Registered Agent, Signature of New Registered Agent**



2023 AUG 17 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

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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>	<u>Type of Action</u>
AMBR	SOPHIE MAGRA	118 LAKE SHORE PKWY	<input type="checkbox"/> Add
		DAVENPORT, FL	<input type="checkbox"/> Remove
		33896	<input checked="" type="checkbox"/> Change
AMBR	PIERRE MAGRA	118 LAKE SHORE PKWY	<input type="checkbox"/> Add
		DAVENPORT, FL	<input type="checkbox"/> Remove
		33896	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 1ST, 2023

Signature of a member or authorized representative of a member

PIERRE MAGRA

SOPHIE MAGRA

Typed or printed name of signee

**Filing Fee: \$25.00**