122000366709

| (Requestor's Name) |
|--|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Śtatus |
| Special Instructions to Filing Officer: Filing Fee Warm Dre & Error On Part of This Office. 4-11-27 |
| |

Office Use Only



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T. BURCH APR 11 2023



March 28, 2023

SORAL INVESTMENTS LLC 8256 NW 195TH TER HIALEAH, FL 33015

SUBJECT: SORAL INVESTMENTS LLC

Ref. Number: L22000366709

This is to advise you that on August 19, 2022, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6052.

Sincerely,

Tim Burch Senior Section Administrator New Filing Section

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Letter Number: 423A00007046

COVER LETTER

| | egistration Se ivision of Cor | | | | | | |
|----------------|-----------------------------------|---|---|---|--|--|--|
| SHR IFAT | SORAL INVESTMENTS LLC | | | | | | |
| SUBJECT | Name of Limited Liability Company | | | | | | |
| The enclose | ed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please retu | rn all correspo | ondence concerning this matter | to the following: | | | | |
| | | Alfredo Moreno | | | | | |
| | | | Name of Person | | | | |
| | | | Firm/Company | | | | |
| | | | | | | | |
| | | Address | | | | | |
| | | THALEAH 33015 | | | | | |
| | | City/State and Zip Code moreno2k10@gmail.com | | | | | |
| | | E-mail address: (| to be used for future annual report no | otilication) | | | |
| For further | information c | oncerning this matter, please c | all: | | | | |
| Alfredo Moreno | | | 786291708 at () | (9) | | | |
| | Name o | f Person | at () Area Code Dayti | me Telephone Number | | | |
| Enclosed is | a check for th | ne following amount: | | | | | |
| \$25.00 | Filing Fee | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| | ailing Addres | | Street Address: Registration S | ection | | | |
| | | | District A C | | | | |

Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SORAL INVESTMENTS LLC | | |
|---|--|-----------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | mpany as it now appears on our records.) ited Liability Company) | |
| The Articles of Organization for this Limited Liability Comp. | | and assigned |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| SORAL GROUP LLC | | SE FAL 202 |
| The new name must be distinguishable and contain the words "Limited I | iability Company," the designation "LLC" or | the abbreviation "L. C." 58 |
| Enter new principal offices address, if applicable: | | TAR' HASS |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | · | |
| | | 3: 5 |
| Enter new mailing address, if applicable: | | 2. 5. |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered off | ice 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: | | _ |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florid | |
| | 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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| | ist be specific and cannot be prior to date of filing or more than 90 day slock does not meet the applicable statutory filing requirement | |
| ecord specifies a delayed effecti is filed. | ve date, but not an effective time, at 12:01 a.m. on the earlier | of: (b) The 90th day after the |
| April 4 | 2023 | |
| ted | | |
| ned April 4 | Name of a member or authorized representative of a member | |

Filing Fee: \$25.00