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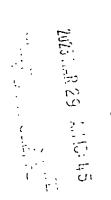
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registra Division	tion Section of Corporations						
SOF	LO EXCAVATIONS AND BUIL	LDERS LLC					
	Name of	Limited Liability Company					
The enclosed Arti	cles of Amendment and fee(s) are	submitted for filing.					
Please return all c	orrespondence concerning this ma	itter to the following:					
	LOPEZ, JESUS	Pirm/Company	202 S.				
	22368 OVERTURE C	Address	2023 itak 29 Santatur (1				
	BOCA RATON, FL 3		,				
	BOCA RATON, PL 3	City/State and Zip Code					
		·	otification)				
For further inform	E-mail addre ation concerning this matter, pleas	ss: (to be used for future annual report n se call:	otification)				
Jes	us Lipze	at (954) 66	36 LGO				
1	Name of Person	Area Code Dayt	ime Telephone Number				
Enclosed is a chec	k for the following amount:						
■ \$25.00 Filing	Fee S30.00 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)				
<u>Mailing A</u> Registra	address: tion Section	Street Address:	laation				
-	of Corporations	Registration S Division of Co					
P.O. Bo.		The Centre of					
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sith Ex Covat	Company as it now appears on our records. Limited Liability Company)	LLC
The Articles of Organization for this Limited Liability Co		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Ph	. 112.147. 72	A 11 (22)
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the approviation L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	
		, i o
Enter new mailing address, if applicable:		10 5
(Mailing address MAY BE A POST OFFICE BOX)		1 501
		1'
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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

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
MGR	AHMED J GOZAINE	22384 OVERTURE CIRCLE BOCA RATON, FL 33-	4. _ ≣ Add
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03/16	/2023				
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current's effective date on the Department of State's re	cords.				
ecord specifies a delayed effective date, but not an effec		2.01) 7°5 - 00-1 - t	6 .1
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1ed March 16 2023		$\int_{\mathbb{R}^n}$			
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Signature of a member of	11/3		1100		