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COVER LETTER

TO: Registration S Division of Co			·			
SOFLO A	TM L.L.C	. •				
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Frank Pavilonis					
		Name of Person	·			
	SOFLO ATM L.L.C					
		Firm/Company				
	8603 Chapman Oak Cou	urt				
		Address				
	Palm Beach Gardens, F	L, 33410				
		City/State and Zip Code				
	fpavilonis@gmail.com E-mail address: (to be used for future annual report notifi	ication)			
For further information	concerning this matter, please c	·	·			
Frank Pavilonis		949 394-6538				
Name of Person		/	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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2022 DEC 13 AM 9:58

SOFLO ATM L.L.C

(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records a Limited Liability Company)	Will SST OF CO.
The Articles of Organization for this Limited Liability (Company were filed on 12/02/2022	and assigned
Florida document number L22000507997	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
SOFLO ATM L.L.C.		
The new name must be distinguishable and contain the words "Lir	nited 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	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new regist
Name of New Registered Agent:		.
New Registered Office Address:		
	Enter Florida street address	S
	;	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 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
CEO	Frank Pavilonis	8603 Chapman Oak Court, Palm Beach Gardens	i, _ □Add
			®Remove
			_ Change
Manager Frank Pavilonis	Frank Pavilonis	8603 Chapman Oak Court, Palm Beach Gardens	;, ■Add
			_ □Remove
			_ Change
			_ □Add
			_ □Remove
			_
			_ 🗆 Add
			□Remove
			_ Change
			_ □Add
			□Remove
			_ Change
			□Add
			_ □Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E E E E E E E E E E E E E E E E E E E
E. Effective date, if other than the date of filing: (optional) (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)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
·
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
Signature of a member or authorized representative of a member
Frank Pavilonis Typed or printed name of signee