

L23 0000 378 22

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

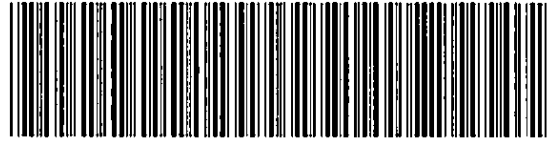
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/21/20 10:02:02 *05.00

SECRETARY OF STATE
TALLAHASSEE, FL

2025 FEB - 21 AM 10:02

FILE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOFLO SELLERS LLC
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:

Kerry Hanrahan
Name of Person

SOFLO SELLERS LLC
Firm/Company

2421 NE 49th St #5
Address

Fort Lauderdale, FL 33308
City/State and Zip Code

southflosellers@gmail.com
E-mail address: (to be used for future annual report notification)

2023 FEB - 21 4:10:02
STATE OF FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Kerry Hanrahan at (561) 945-5363
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

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>
MGR	Kerry Hanrahan	2421 NE 49th St #5	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33308	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

SECTION 17, ARTICLE IV, FLA. STAT. § 218.01
 FEBRUARY 21, 2010 10:00 AM
 ST. JOHN'S COUNTY, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

only adding manager, Kerry Hanrahan

2023 FEB - 21 AM 10:02
STATE OF MASSACHUSETTS
SECRETARY OF STATE

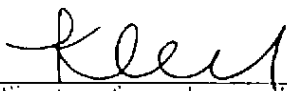
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: 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 02-16-2023 2023



Signature of a member or authorized representative of a member

Kerry Hanrahan

Typed or printed name of signee