L 23000039090

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2024 JAN 12 ANTI: LS SECRETARIZED SINCE

COVER LETTER

TO: Registration of Division of	on Section Corporations		
	VILA INVESTMENTS LLC		
SUBJECT:	Name of I	Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are s	submitted for filing.	
Please return all corn	respondence concerning this matt	ter to the following:	
	Javier Socorro		
		Name of Person	
	Socorro Brothers		2024 JAN 12 SECRETAR TALLALIA
		Firm/Company	
	12120 SW 109th Ave		MIZ AMI
		Address	
	Miami, Fl 33176		SEE SEE 15
	kristen.vila@gmail.com	City/State and Zip Code	
	E-mail address	s: (to be used for future annual report noti	fication)
For further informati	ion concerning this matter, please	e call:	
Kristen Socorro		786 351-1671	
Na	me of Person		Telephone Number
Enclosed is a check	for the following amount:		
≅ \$ 25.00 Filing Fe	ce S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ad</u> Registrati	dress: on Section	Street Address: Registration Sec	rtion
Division of	of Corporations	Division of Con	
P.O. Box		The Centre of T	
Tallahassee, FL 32314		2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOCO VILA INVESTMENTS LLC		
(Name of the Limited Liab (A Flori	illity Company as it now appears on our records ida Limited Liability Company)	P)
The Articles of Organization for this Limited Liability	Company were filed on 1/20/23	and assigned
Florida document number L23000039090	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	2 02
Socorro Brothers LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		27 2 1 2 2 1
(Principal office address MUST BE A STREET ADI	DRESS)	17 1
		- 15 1. 5
		_{ान} ज
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	,
	, Flo	rida
	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>	Name	Address	Type of Action
MGR	Kenneth Socorro	4785 SW 5th Street, Miami, Fl 33134	≅ Add
			Remove
			□ Add
			SEURETA Change
			ASSEL TATE GRemove
			□ Change
			□Add
			□ Remove
			Change
			□ Add
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			□ Remove
			□ Change

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fective date, if other than the date of a effective date is listed, the date must be specified.	ic and cannot be prior	to date of filing or mor	options (options than 90 days after fili	ng.) Pursuant te	605.02
te: If the date inserted in this block does cument's effective date on the Departmen	not meet the applica it of State's records.	ible statutory filing	requirements, this de	ite will not be	listed
ecord specifies a delayed effective date, but is filed.	ut not an effective tir	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day	after ti
January 8th	2024				
ted	—, 	 ·			