# L23000065087

| (Req                      | uestor's Name)   |           |
|---------------------------|------------------|-----------|
|                           |                  |           |
| (Add                      | ress)            |           |
|                           |                  |           |
| (Add                      | ress)            |           |
|                           |                  |           |
| (City                     | /State/Zip/Phone | e #)      |
|                           |                  |           |
| PICK-UP                   | WAIT             | MAIL      |
|                           |                  |           |
| (Bus                      | iness Entity Nan | nel       |
| (500                      | mood Emily Man   | ,         |
|                           | ument Number)    |           |
| (500)                     | ament Hambery    |           |
| Contified Conton          | Cartificates     | of Status |
| Certified Copies          | Centificates     | or Status |
|                           |                  |           |
| Special Instructions to F | iling Officer:   |           |
|                           |                  |           |
|                           |                  |           |
|                           |                  |           |
|                           |                  |           |
|                           |                  |           |
|                           |                  |           |
|                           |                  | <u>.</u>  |

Office Use Only



000403183960

0:/02.28--0.011--013 \*\*25.00

2023 MAR -2 AM 9: 06 \$120 | 100 05 STATE

## **COVER LETTER**

| TO:           | Registration Se<br>Division of Cor |  |   |                 |                          |                                    |
|---------------|------------------------------------|--|---|-----------------|--------------------------|------------------------------------|
| SUBJE         | CT: SoftBl. LL                     | С  |   |                 |                          |                                    |
|               | <del>-</del>                       | Name of Lim  | ited Liability Company  |                 |                          |                                    |
| The end       | closed Articles of                 | Amendment and fee(s) are sub                       | mitted for filing.  |                 |                          |                                    |
| Please 1      | return all correspo                | ondence concerning this matter                     | to the following:   |                 |                          |                                    |
|               |                                    | Michaelangelo Soto                                 |   |                 | _                        |                                    |
|               |                                    |  | Name of Person  |                 |                          |                                    |
|               |                                    | SoftBl. LLC  |   |                 |                          |                                    |
|               |                                    |  | Firm/Company  |                 | _                        |                                    |
|               |                                    | 12094 Anderson Road#17                             | 8   |                 | _                        |                                    |
|               |                                    |  | Address   |                 | 2023 KAR<br>Sige<br>Tall |                                    |
|               |                                    | Tampa, Florida 33624                               |   |                 | H.M.                     |                                    |
|               |                                    |  | City/State and Zip Code   |                 | - ? -2                   | <del>George</del><br>Commence<br>T |
|               |                                    | smichaelangelo@hotmail.co                          |   |                 | .1.                      |                                    |
| For furt      | ther information c                 | E-mail address: ( oncerning this matter, please co | to be used for future annual report notiff<br>all:                  | cation)         | AM 9: 06<br>OF STATE     |                                    |
| Michae        | changelo Soto                      |  | at ( <u>813</u> ) <u>4956924</u>                                    |                 |                          |                                    |
|               | Name o                             | f Person   | Area Code Daytime   | Telephone Numbe | ir.                      |                                    |
| Enclose       | ed is a check for th               | ne following amount:                               |   |                 |                          |                                    |
| <b>■</b> \$23 | 5.00 Filing Fee                    | □ \$30.00 Filing Fee & Certificate of Status       | ☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed) | Certified       | ate of Status &          |                                    |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liab   | ility Company as it no | ow appears on our             | records.)                             |              |                    |
|---|------------------------|-------------------------------|---------------------------------------|--------------|--------------------|
| ( <u>Name of the Limited Liab</u><br>(A Flori   | da Limited Liability C | ompany)                       | <del></del> ,                         |              |                    |
| The Articles of Organization for this Limited Liability   | Company were file      | ed on <u>February 6.</u>      | 2023                                  | _ and assi   | gned               |
| Florida document number 1.2300006508  |                        |                               |                                       |              |                    |
| This amendment is submitted to amend the following:   |                        |                               |                                       |              |                    |
| A. If amending name, enter the new name of the li   | mited liability com    | ipany here:                   |                                       |              |                    |
| The new name must be distinguishable and contain the words "L   | mited Liability Compa  | my." the designation          | "LLC" or the abbre                    | viation "L.1 | "C."               |
| Enter new principal offices address, if applicable:   |                        |                               |                                       |              |                    |
| (Principal office address MUST BE A STREET ADI  | ORESS)                 |                               | ۵<br><u>بخات</u>                      | 2023         |                    |
|   |                        |                               |                                       |              |                    |
|   |                        |                               | :                                     | 2            | Carrier<br>Carrier |
| Enter new mailing address, if applicable:   |                        |                               | · · · · · · · · · · · · · · · · · · · | <u>&gt;</u>  | 7.7                |
| (Mailing address MAY BE A POST OFFICE BOX)  |                        | <u>.</u>                      | [in]                                  | <u> </u>     |                    |
|   |                        |                               |                                       | 90           |                    |
| B. If amending the registered agent and/or register agent and/or the new registered office address here |                        | on our records,               | enter the name (                      | of the new   | registered         |
| Name of New Registered Agent:   | ANGEL                  | SOTU                          |                                       |              |                    |
| New Registered Office Address:  |                        | LLPTA<br>Enter Florida street |                                       | IPA FO       | <u>33</u> 61       |
|   | _                      | <u> </u>                      | Florida                               |              |                    |
|   | 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, <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>        | <u>Address</u>                        | Type of Action                 |
|--------------|--------------------|---------------------------------------|--------------------------------|
| AMBR         | Michaelangelo Soto | 10519 Parkerest Drive Tampa, FL 33624 | □Add                           |
|              |                    |                                       | <b>≡</b> Remove                |
|              |                    |                                       | □Change                        |
|              |                    |                                       | □Add                           |
|              |                    |                                       | □Remove                        |
|              |                    |                                       | □Change                        |
|              | <del></del>        |                                       | □Add                           |
|              |                    |                                       | 200Remove                      |
|              |                    |                                       | Change Change                  |
|              |                    |                                       | 5 <b>3 5 5 5 5 5 5 5 5 5 5</b> |
|              |                    | <del></del>                           | A 0<br>M 6<br>— □Remove        |
|              |                    |                                       | □Change                        |
|              | <del></del>        |                                       |                                |
|              |                    |                                       | □Remove                        |
|              |                    |                                       | □ Change                       |
|              |                    |                                       | □ Add                          |
|              |                    |                                       | □Remove                        |

|  |  | <del></del>                                   |  |
|--|--|---|--|
| _  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
| _  |  |   | <del> </del>   |
| _  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  | _ ·   |  |
| _  | -  |   | <del></del>  |
|  |  |   |  |
|  |  | <u> </u>                                      |  |
| -  |  |   |  |
|  |  |   |  |
| _  |  |   |  |
|  |  |   |  |
|  |  |   |  |
| _  |  |   |  |
| _  |  |   |  |
|  | e date, if other than the date of filing:  | (optional)                                    |  |
| an effec<br><u>ote:</u> If                 | ative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days the date inserted in this block does not meet the applicable statutory filing requirement is effective date on the Department of State's records. | ys after filing.) Purs                        | suant to 605.020<br>not be listed as                                 |
| an effec<br>ote: It<br>ocumer<br>record    | f the date inserted in this block does not meet the applicable statutory filing requirement is effective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier             | ys after filing.) Purs<br>its, this date will | not be listed as   |
| an effectore: If ocumer record Lis filed   | f the date inserted in this block does not meet the applicable statutory filing requirement is effective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier             | ys after filing.) Purs<br>its, this date will | not be listed as   |
| an effectiote: If ocumer record I is filed | f the date inserted in this block does not meet the applicable statutory filing requirement is effective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier d.          | ys after filing.) Purs<br>its, this date will | not be fisted as $h$ day after the $2029HAR$                         |
| 'an effec<br><del>lote:</del> If<br>ocumer | f the date inserted in this block does not meet the applicable statutory filing requirement is effective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier             | ys after filing.) Purs<br>its, this date will | not be fisted as  h day after the $ \frac{1}{2023 \text{ HAR}} = 2 $ |
| an effectore: If ocumer record I is filed  | f the date inserted in this block does not meet the applicable statutory filing requirement is effective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier d.          | ys after filing.) Purs<br>its, this date will | not be fisted as $h$ day after the $2029HAR$                         |