

L23000206776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

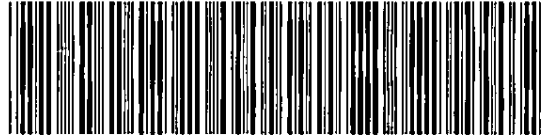
(Business Entity Name)

(Document Number)

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08/22/23--01026--001 **25.00

2023. 22 PM 5:28

08/22/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOTHOA REAL ESTATE, 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:

P. TRISTAN BOURGOIGNIE, ESQ.

Name of Person

TRISTAN BOURGOIGNIE, P.A.

Firm/Company

5975 SUNSET DRIVE, #603

Address

MIAMI, FL 33143

City/State and Zip Code

PTB@MIAMI-DROIT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

P. TRISTAN BOURGOIGNIE, EQ.

305 200 -0350
at ()

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	GREGORY GUISSARD	51, GRAND RUE	<input type="checkbox"/> Add
		LUXEMBOURG, 1661 (LU)	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	P. TRISTAN BOURGOIGNIE	5975 SUNSET DRIVE, #603	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33143	<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

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

(This area is for amendments. A diagonal line is drawn across the space, indicating no changes were made.)

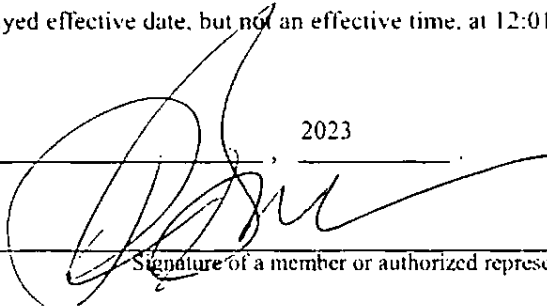
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 AUGUST 8, 2023



Signature of a member or authorized representative of a member

P. TRISTAN BOURGOIGNIE (MANAGER)

Typed or printed name of signee