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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sobal Varro Pro	Der Ties LLC Liability Company	
DBJECT: Sobal var of Limited Liaboury Company the enclosed Articles of Amendment and fee(s) are submitted for filting. lease return all correspondence concerning this matter to the following: LAURIC STAT SODA VARYO Name of Person Firm/Company 2 2 408 La Guardia Ave. Address Port Charlotte 12 3395 2. City/State and Zip Code A E-mail address: (to be used for future annual report notification) of further information concerning this matter, please call: Auril Stat Soda Varyo at 303 345 4 Daytime Telephone Number closed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status		
Please return all correspondence concerning this matter to	the following:	
LANKIE SI	Har Sobalvarro Name of Person	
	Firm/Company	
22408 LA	GUARD, A AVE.	
Port Charle	OTHE FL 33952.	
E-mail address: (to be	e used for future annual report notification)	
For further information concerning this matter, please call:		
Laurie Star SobalVarro Name of Person	at (303 345-1684 Area Code Daytime Telephone Number	
71		
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

So bak arro Property	ialle		
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on _ 4/28/2:	3 and assigned	
Florida document number <u>1230002 11123</u>		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
AUTIE STAT Sabalvarro LLC The new name must be distinguishable and contain the words Limited Liability			
	_		_
Enter new principal offices address, if applicable:	22408 19 /1	prolia An	سوا
(Principal office address MUST BE A STREET ADDRESS)	Port Charlotte	FI 3395	፷፞፟ͺ
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SIME		_ _ _
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	SECRETAL PROPERTY PRO	ered
Name of New Registered Agent:			Π -
New Registered Office Address:		12: 0 STA:	ブ
	Enter Florida street address	Lt. QI	_
	Florida		
Non Design 1 to 1 or	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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			DAdd
			□Remove
			□Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
 		
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Note: If the date	if other than the date of filing: 5/1/3 (optional) 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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the date on the Department of State's records.	5.0207 i ed as t
ne record specifies ord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated5	751/23 1 1.	
X	1 / Mal Dana	
A	Signature of a member or authorized representative of a member Color Sobal vavo Typed or printed name of signee	

Filing Fee: \$25.00