

LA3000384088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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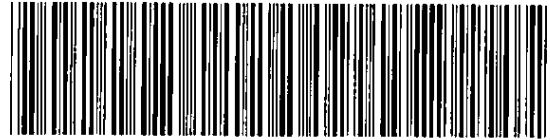
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOFLO STATE OF WELL-BEING 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:

Leslie Bravo

Name of Person

L BRAVO GROUP LLC

Firm/Company

7142 Taylorwood Dr

Address

Lake Worth FL 33467

City/State and Zip Code

LBravogroup@gmail.com

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

For further information concerning this matter, please call:

Leslie Bravo

Name of Person

at (954)

Area Code

297 9802

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

SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SOFLO STATE OF WELL-BEING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8-15-2023 and assigned Florida document number L 23000384088

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

306 W Mango Street
Lantana, FL 33462

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Leslie Bravo

New Registered Office Address:

7142 Taylorwood Dr

Enter Florida street address

Lake Worth, Florida

New Registered Agent's Signature, if changing Registered Agent:

Leslie Bravo

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.

Leslie Bravo
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE
FL 32399

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	LOBATON, AMANDA E.	7142 Taylorwood Dr.	<input type="checkbox"/> Add
		Lake Worth, FL 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	L BRAVO Group LLC	7142 Taylorwood Dr.	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

FILED

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(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)

2024 AUG 20 PM 3: 09
SECRETARY OF STATE
TALLAHASSEE, FL
10th day after the

Dated 8.6.2024, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee