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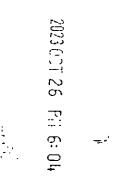
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

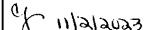
Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SOFLOBO	YS LLC		
SUBJECT:	Name of Limit	led Liability Company	-
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Ryan Rodriguez		
	******	Name of Person	
		Firm/Company	
	9765 Via Amati		
		Address	
	Lake Worth FL 33467		
	sofloboymaps@gmail.com E-mail address: (to	City/State and Zip Code o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	11:	
Chris Jowers		954 7746860 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 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		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 00T 26 PM 6: 04

SOFLOBOYS 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 v	vere filed on August 31, 2023	and assigned
Florida document number L23000409580		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ldress on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	- Johnson	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am covided for in Chapter 605, F.S. Or,	familiar with and , if this document is

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>	Address	Type of Action
AMBR	Chris Jowers	704 SE 9th St Fort Lauderdale FL 33301	
			□Remove
			□Change
AMBR D	Daniel Smith	533 NE 3rd Ave Fort Lauderdale FL 33301	≘Add
			Remove
			□Change
			□Add
		***************************************	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		<u>. </u>	□Change
			□Add
			□Remove
			□ Change

•	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
If an effective Note: If the	date, if other than the date of filing:
e record sp ord is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/23 2023
	Signature of a member or authorized representative of a member
	Ryan Rodrigue Z Typed or printed name of signee

Filing Fee: \$25.00