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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SORA LAWN SERVICES 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:

SAMMY RODRIGUEZ VEGA

Name of Person

SORA LAWN SERVICES LLC

Firm/Company

11610 SKYVIEW LN

Address

CLERMONT, FL 34715

City/State and Zip Code

Soralawnservices@usa.com

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

For further information concerning this matter, please call:

BETSYAIDA RODRIGUEZ

Name of Person

at (321)

945-3216

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 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>
<u>MGR</u>	<u>Sammy Rodriguez Vega</u>	<u>11610 SKYVIEW LN</u>	<input checked="" type="checkbox"/> Add
		<u>CLERMONT, FL 34715</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Bersaida Rodriguez</u>	<u>11610 Skyview LN</u>	<input checked="" type="checkbox"/> Add
		<u>CLERMONT, FL 34715</u>	<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"/> Remove
			<input type="checkbox"/> Change

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

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 Nov 9th / 2023

Signature of a member or authorized representative of a member

19. *Leucostoma* (L.) *Leucostoma* (L.)

Signature of a member or authorized representative of a member

1. *Leucosia* (Leucosia) *leucosia* (L.) (Fig. 1)

San Joaquin Valley

KODRIGUET VE