124000018496

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE		NTERNATIONAL LLC		
SUBJE		Name of Lim	ited Liability Company	
The end	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspon	ndence concerning this matter	to the following:	
		MARIANGIE C MOLINA	•	
			Name of Person	
		SOFANNI INTERNATIO	NAL LLC	
Firm/			Firm/Company	
1292 NW 141ST AVENUE			E	
	PEMBROKE PINES, FL 33028			
			City/State and Zip Code	
		mcmt31@outlook.com		
Eas for	.h i= fo		to be used for future annual report notif	ication)
		oncerning this matter, please co		
Marian	gie Molina		832 6434342 21 () Area Code Daytime	·· ·
	Name of	Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	e following amount:		
≣ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cory The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOFANNI INTERNATIONAL LLC				
(Name of the Limited	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>s</u> :		
This amendment is submitted to amend the follow	ving:			
(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 01/01/2024 and assigned Florida document number £24000018496 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 "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agen: New Registered Office Address. Enter Florida street address.				
The new name must be distinguishable and contain the worn	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."		
		- 1		
Enter new mailing address, if applicable:		•		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or regi agent and/or the new registered office address b	istered office address on our records, onto a	· 		
Name of New Registered Agent:				
The Windshort Office Address	Enter Florida street addres-			
	F14-24-			
	City	ida Zip Code		
New Registered Agent's Signature, if changing Registered as provisions of all statutes relative to the proper of accept the obligations of my position as registered as proving filed to merely reflect a change in the registered as a change in the	igent and agree to act in this capacity. I furth and complete performance of my duties, and red agent as provided for in Chapter 605. E	I am familiar with and		

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

Title	<u>Name</u>	Address	Type of Action
AMBR	ANGEL GERARDO MOLINA	1292 NW 141ST AV. PEMBROKE PINES. FL 3302	
			_ □Remove
			_ Change
			_ □Add
			_ □Remove
			_
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Effective date, if other than the date in effective date is listed, the date must be	te of filing:		(optional)	****
Note: If the date inserted in this block	does not meet the app	licable statutory filing	e than 90 days after filing.) I requirements, this date w	ill not be listed
document's effective date on the Depa	rtment of State's recon	ds		
e record specifies a delayed effective d	ste but not an effective	etime at 12:01 a.m. on	the earlier of (b). The	0∩th doù a⊕ert
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Dated		·		
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Filing Fee: \$25.00