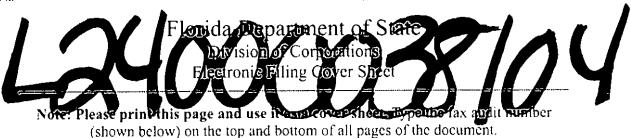
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Division of Corporations



(((H24000335584 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INREP, LLC Account Number : I20170000048 Phone : (754)333-1797 Fax Number : (954)301-0210

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

INREP101@OUTLOOK.COM Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SOCOPI LLC**

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OCT 07 2024

From: INREP LLC

COVER LETTER

TO:	Registration Se Division of Cor			(((H24000335584 3)))
a	SOCOPI LI			
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MARIO REYES		
		•	Name of Person	
		INREP LLC		
			Firm/Company	·
2333 STATE ROAD 7 STE L				
			Address	
		MARGATE, FL 33063		
		INREPIOL@OUTLOOK.C	City/State and Zip Code	
		-	to be used for future annual rep	ort notification)
For fur	ther information c	oncerning this matter, please c	all:	
YIRA	ACOSTA CORZO	O	786 246-4	479
	Name o.	f Person	Area Code	479 Daytime Telephone Number
Enclos	ed is a check for th	ne following amount:		
₹ 0 \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 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

To:

From: INREP LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000335584 3)))

SOCOPI LLC				
(Name of the Limited (A	Liability Company Florida Limited Lial	as it now appears on pility Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L24000038104</u> This amendment is submitted to amend the follows: A. If amending name, enter the new name of the	ility Company w ing:	ere tiled on	01/19/2024	and assigned
The new name must be distinguishable and contain the word	s "Limited Liability	Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	le:	N/A		
(Principal office address MUST BE A STREET)	ADDRESS)	N/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	- 	N/A N/A		
B. If amending the registered agent and/or registered office address		iress on our recor	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	YIRA ACOSTA	CORZO		
New Registered Office Address:	705 LENOX AVE Enter Florida street address			
	МІАМІ ВЕАС	Н	Florida	33139
		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.

Tra Acosta C.

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	
			□Remove
		<u> </u>	Change
N/A	N/A	N/A	🗆 Add
			□Remove
			□Change
N/A	N/A	N/A	□Add
			□Remove
	-10-2-11.	□Change	
N/A	N/A	N/A	□Add
			□Remove
			□Change
N/A	N/A	N/A	□Add
			□Remove
			□Change
N/A	N/A	N/A	□Add
			□Remove
			Change

	Page: 6 of 6	2024-10-04 00:17:04 GMT	19543010210	From: INREP LL
D. If an	nending any other informat	ion, enter change(s) here: (Attach add	ditional sheets, if necessary.)	
	N/A		(((H24000335584 3)))

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		100		
	· · · · · · · · · · · · · · · · · · ·			
(If an e <u>Note</u>		be specific and cannot be prior to date of filing ock does not meet the applicable statutory i	(optional) or more than 90 days after filing.) Pursuant to 605. Tling requirements, this date will not be liste	
	ecord specifies a delayed ne 90th day after the reco		ve time, at 12:01 a.m. on the earlie	er of:
Date	dOctober, 01	2024		
		Tha Arosta C		
		Signature of a member or authorized represent	ative of a member	
	YIRA ACOSTA CORZO)		
		Typed or printed name of sign	ee	

To: