Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOFLO LENDING LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

SEP 2 3 2024

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SOFLO LENDING 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 L Florida document number                                 | iability Company     | were filed on                  | 14                       | and assi     | igned      |
|---|----------------------|--------------------------------|--------------------------|--------------|------------|
| This amendment is submitted to amend the following  | owing:               |                                |                          |              |            |
| A. If amending name, enter the new name o   | f the limited liab   | ility company here:            |                          |              |            |
| The new name must be distinguishable and contain the  | vords "Limited Liabi | lity Company," the designation | on "LLC" or the abbrevia | ation "L.I   |            |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) |                      | 3750 NW 87th Ave, Suite 750    |                          |              |            |
|   |                      | Doral, FL 33178                |                          |              |            |
| Take now malling address if applicable.   |                      | 3750 NW 87th Ave, Su           | ite 750                  |              | -          |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                   |                      | Doral, FL 33178                |                          |              |            |
| B. If amending the registered agent and/or ragent and/or the new registered office address              | egistered office a   | address on our records         | , enter the name of (    | ZEP4 SEP     | registered |
| Name of New Registered Agent:   | CHANGE OF ADDRESS N  |                                |                          |              |            |
| New Registered Office Address:  | 3750 NW 87th         | 3750 NW 87th Ave, Suite 750    |                          | <del>p</del> | m          |
|   |                      | Enter Florida stree            | et address               | 12: 0        | J          |
|   | DORAL                |                                | , Florida 33178          | _0           |            |
|   |                      | City                           | Z                        | p 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.

From: Yanet Avila

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

To:

| <u>Title</u> | Name                                  | Address                     | Type of Action  |
|--------------|---------------------------------------|-----------------------------|-----------------|
| AMBR         | CHANGE OF ADDRESS                     | 3750 NW 87th Ave, Suite 750 | □Add            |
|              |                                       | Doral, FL 33178             | □Remove         |
|              |                                       |                             | <b>□</b> Change |
|              |                                       | ·                           | □Add            |
|              |                                       |                             | □Remove         |
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|              |                                       |                             | □Remove         |
|              |                                       |                             | Change          |

From: Yanet Avila

Page: 5 of 5

ALEJANDRO RIVERA

To:

Signature of a member or authorized representative of a member

Typed or printed name of signee