

L24000151770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

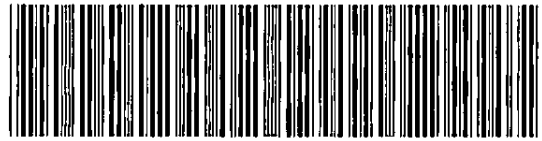
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500433234895

07/19/24--01004--001    \*\*25.00

7/29/24  
KH

2024 JUL 18 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOFTOPOLIS WORLDWIDE 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:

MICHELLE C MENDEZ ROMAN  
Name of Person  
Firm/Company  
11354 WILES ROAD  
Address  
CORAL SPRINGS, FL 33076  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE C MENDEZ ROMAN 954 324-3473  
Name of Person at ( ) Area Code 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

2024 JUL 18 AM 9:23  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SOFTOPOLIS WORLDWIDE 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 were filed on 03/29/2024 and assigned Florida document number L24000151770.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

11354 WILES ROAD

**(Principal office address MUST BE A STREET ADDRESS)**

CORAL SPRINGS, FL 33076

Enter new mailing address, if applicable:

11354 WILES ROAD

**(Mailing address MAY BE A POST OFFICE BOX)**

CORAL SPRINGS, FL 33076

**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 Agent: \_\_\_\_\_

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 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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

FILED  
MAR 29 2024  
8 AM 9:29  
CLERK OF STATE  
TALLAHASSEE, FL

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>                      |
|--------------|--------------------------|---------------------------------------|--|
| MGR          | MENDEZ ROMAN, MICHELLE C | 11354 WILES ROAD                      | <input type="checkbox"/> Add               |
|              |                          | CORAL SPRINGS, FL 33076               | <input type="checkbox"/> Remove            |
|              |                          |                                       | <input checked="" type="checkbox"/> Change |
| MGR          | ROMAN, RUPERTO           | 3301 NORTH UNIVERSITY DRIVE SUITE 100 | <input type="checkbox"/> Add               |
|              |                          | CORAL SPRINGS, FL 33065               | <input checked="" type="checkbox"/> Remove |
|              |                          |                                       | <input type="checkbox"/> Change            |
|              |                          |                                       | <input type="checkbox"/> Add               |
|              |                          |                                       | <input type="checkbox"/> Remove            |
|              |                          |                                       | <input type="checkbox"/> Change            |
|              |                          |                                       | <input type="checkbox"/> Add               |
|              |                          |                                       | <input type="checkbox"/> Remove            |
|              |                          |                                       | <input type="checkbox"/> Change            |
|              |                          |                                       | <input type="checkbox"/> Add               |
|              |                          |                                       | <input type="checkbox"/> Remove            |
|              |                          |                                       | <input type="checkbox"/> Change            |

FILED  
 2024 JUL 18 AM 9:22  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

