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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations ELITE LIFE & HEALTH LLC SUBJECT: 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: Joel Hernandez Name of Person Firm/Company 8403 PINES BLVD Address PEMBROKE PINES, FL 33024 City/State and Zip Code thesohkonline@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joel Hernandez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: S25,00 Filling Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ELITE LIFE & HEALTH LLC

(Name of the Lizaited Liability Company as it now appears on our records rear (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{04/26/2024}{}$	and assigned	
Florida document number $\frac{1.24000196866}{}$.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
SOHK LLC			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	2		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office	ce address on our records, enter th	e name of the new registered	
agent and/or the new registered office address here:			
Manney of News Description of Assemt			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		ida	
	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 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>	Address	Type of Action
			□Add
			□Remove
		<u></u>	□ Change
			□Add
			□Remove
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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:

September 23, 2024 (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 September 23 2024 Signature of a member or authorized representative of a member Joel Hernandez Typed or printed name of signee