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COVER LETTER

TO: Registration Section

Division of Corporations			
SORO HO	MES SOLUTIONS, LLC.		
SUBJECT:	MES SOLUTIONS, ELC. Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JEAN ZAMORA		
		Name of Person	
	SORO HOMES SOLUTIO	ONS, LLC.	
		Firm/Company	
	2274 W 74TH ST UNIT 2		
		Address	
	HIALEAH, FL. 33016		
		City/State and Zip Code	
	jeanzamora.89@gmail.com	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c		
JEAN ZAMORA		305 813-5847	
	of Person	at () Area Code Daytir	
Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration So	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SORO HOMES SOLUTIONS, LLC.		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	y were filed on 7/05/2024	and assigned
florida document number L24000301700		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation CL.L.C."
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 regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
N. B. S. LOW ALL		
New Registered Office Address:	Enter Florida street addres.	\$
	, Flo	orida
	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

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
MGR	JEAN ZAMORA	2274 W 74TH ST UNIT 201-4	≘ Add
		HIALEAH, FL. 33016	Remove
			□Change
			(□Add
			□Renюve
			Change
			□Add
			□Remove
		<u> </u>	Change
			□Add
			Пкетюче
			Change
		<u> </u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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