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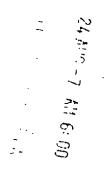
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:





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COVER LETTER

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CHDIEZT	SOIREE SI					
SUBJECT	:		ited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	m all correspo	ndence concerning this matter	to the following:			
		ANDRES HURTADO				
			Name of Person			
		PRODEZK INC				
			Firm/Company			
		848 BRICKELL AVE STI	E 950			
			Address	-		
		MIAMI, FLORIDA 33131				
			City/State and Zip Code			
		INFO@PRODEZK.COM				
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no	otification)		
		oncerning this matter, prease of	±1 786977942	11		
ANDRES HURTADO				me Telephone Number		
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is	a check for th	ne 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:		Street Address:				
Registration Section Division of Corporations			Registration S			
	O. Box 632			Division of Corporations The Centre of Tallahassee		
	allahassee, l		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOIREE SETS LLC				
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Lia Florida document number L24000327782	ability Company	were filed on	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
			- 10 · 2 · 51 · 625	
The new name must be distinguishable and contain the wo	ords "Limited Liabi		the appreviation "L.L.C.	
Enter new principal offices address, if applicable:		265 GLENRIDGE RD	19	
Principal office address MUST BE A STREET	(ADDRESS)	KEY BISCAYNE, FL 33149	<u> </u>	
			<u> </u>	
Enter new mailing address, if applicable:		265 GLENRIDGE RD		
Mailing address MAY BE A POST OFFICE B	8 <i>0X</i>)	KEY BISCAYNE, FL 33149		
			:•	
B. If amending the registered agent and/or re agent and/or the new registered office address	~	address on our records, <u>enter the</u>	name of the new registe	
Name of New Registered Agent:	VALERIA KAREN ARRARTE MANNHEIM			
New Registered Office Address:	265 GLENRIDGE RD			
		Enter Florida street address		
	KEY BISCAY	NE Plant	a. 33149	

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.

City

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>	Name	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Remove
			□Change
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			□Change

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ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this left:	e date of filing: ust be specific and cooleans to me	: cannot be prior to	date of filing or me	ore than 90 days af	otional) ter filing.) Pursuan his date will not	to 605.0207 be listed as (
ocument's effective date on the	Department of St	ate's records.		• • • • • • • • • • • • • • • • • • •		
record specifies a delayed effect l is filed.	ive date, but not a	n effective tim	e, at 12:01 a.m. c	on the earlier of:	(b) The 90th de	ny after the
ated		2024				
	H					
	Signature of a m	ember or authori	zed representative	of a member	_	

Filing Fee: \$25.00