L25000113857

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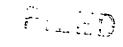
Tallahassee, FL 32314

	istration Se ision of Cor			
eun iezee.	SOSA POC	DL, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Alejandro Sosa Coello		
			Name of Person	
			Firm/Company	
Firm/Company 14331 SW 268th Street Unit 205 Address Homestead, F1 33032 City/State and Zip Code E-mail address: (to be used for future annual report notification)				
			Address	
		Homestead, Fl., 33032	City/State and Zip Code	
		F. and S. Allen and		(C
For further in	formation co	oncerning this matter, please ca		meanon
Ana Herrera			305 216-6209 at ()	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)
	ling Addres		Street Address:	
	gistration S vision of C	orporations	Registration Se Division of Co	
	1310H 01 C	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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



SOSA POOL, LLC

2025 APR 28 AM 11: 32

(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	METAL SCEELER
The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.25000113857		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***	
(Principal office address MUST BE A STREET ADI	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registered
-	-	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1 Zip Code
	City	гір Соае

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
Mgr	Alejandro Sosa Coello	14331 SW 268th St Unit 205 Homestead, FL 33032	= Add
			□Remove
			□Change
Mgr	Alejandror Sosa Coello	14331 SW 204th St Unit 205 Homestead, FL 33032	□Add
			\(\exists \) Remove
			□Change
			DAdd
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ffective o	late, if other t	han the date (of filing:)7/2025		(opti	ional)	
an effective	e date is listed, the	date must be spe	citic and cannot	be prior to date	of filing or more	han 90 days afte	r filing.) Pursuant to is date will not be	605.0207
ote: 11 th ocument's	e date inserted seffective date	on the Departm	es not meet inc ent of State's r	e applicable si records.	atutory ming re	quirements, to	is date will not be	Hateu da i
record spe	ecifies a delaye	l effective date.	but not an effe	ective time, at	12:01 a.m. on t	he earlier of: (1	o) The 90th day	after the
l is filed.								
Anr	il 10, 2025							
ated	il 10, 2025		·	·				
		£			epresentative of a			
		Signat	ura of a mambar	ar authorized r	enresentative of a	nember		_

Filing Fee: \$25.00

Typed or printed name of signee