P21000017403

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State 7: JDhana 49 | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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C. BRUMBLEY DEC 2 1 2021

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: SOHE 710 CORPO | DRATION | | | |
|--|---|--|---|--|--|
| DOCUMENT NUMI | | | · | | |
| | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | | |
| | LUIS ERNESTO SANCHEZ | Z GUTIERREZ | | | |
| | | Name of Contact Person |) | | |
| | | Firm/ Company | | | |
| | 3575 S.W. 139th AVENUE | | | | |
| | Address | | | | |
| | MIAMI, FLORIDA, 33175 | | | | |
| | | City/ State and Zip Code | | | |
| | distribuidorasohe@gmail.com | m | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further informatio | n concerning this matter, pleas | se call: | | | |
| LUIS ERNESTO SAI | NCHEZ GUTIERREZ | 786 | 8436127 | | |
| Name of Contact Person | | Area Coo | de & Daytime Telephone Number | | |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | artment of State: | | |
| ☐ \$35 Filing Fee | S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| SOHE | 710 | CORPORATION |
|------|-------|-------------|
| | , , , | COM OMITTON |

| (<u>Name</u> | of Corporation as curren | tly filed with the Florida Dept. (| of State) | | |
|--|---|---------------------------------------|-----------------------|--------|--------------|
| P21000017403 | | | | | |
| | (Document Number | of Corporation (if known) | • | | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, thi | s Florida Profit Corporation ado | pts the followin | g amen | iment(s) |
| A. If amending name, enter the new n | ame of the corporation: | | | | |
| | | | | The | new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association," | Corp," "Inc," or "Co". | A professional corporation nan | | n "Cor | p., '' |
| B. Enter new principal office address, | if applicable: | 3575 S.W. 139th AVENUE | | | |
| (Principal office address MUST BE A S | | MIAMI, FLORIDA, 33175 | MIAMI, FLORIDA, 33175 | | |
| | | | | | |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | | 3575 S.W. 139th AVENUE | 00 - 4 5 5 5 | 2021 | _ |
| | | MIAMI, FLORIDA, 33175 | | DEC . | _ <u>_ u</u> |
| | | | 30,00 | -7 | |
| D. If amending the registered agent ar new registered agent and/or the new | | | of the | A# 9:1 | D |
| Name of New Registered Agent | HERSEN COGOLLO, O | RHISTIAN | • • | _ | ~ |
| | 3575 S.W. 139th AVENU | JE | | | 0 |
| | (Florida s | treet address) | | - | |
| New Registered Office Address: | MIAMI | , I | Florida <u>3</u> 3175 | _ | |
| | | (City) | (Zip (| Code) | |
| | | | | | |
| New Registered Agent's Signature, if call hereby accept the appointment as registration. | hanging Registered Ages tered agent. I am familian | nt: with and accept the obligations o | of the position. | | |
| | Signature of New | Registered Agent, if changing | | - | |
| Check if applicable ☐ The amendment(s) is/are being filed p | 71 | | | | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John Doe | | |
|-------------------------------|--------------|-------------------------|-------------------------|--|
| _ | | | | |
| X Remove | Ā | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | |
| 1) Change | S | GONZALEZ SANTAMARIA. | 5910 TOSCANA DRIVE #621 | |
| Add | | ALBERTO A | DAVIE, FL 33314 | |
| X Remove | | | | |
| 2) Change | <u>S</u> | LUIS ERNESTO SANCHEZ G. | 3575 S.W. 139th AVENUE | |
| X Add | | | MIAMI, FLORIDA, 33175 | |
| Remove 3) Change | | | | |
| Add | • | | | |
| Remove | | | | |
| 4) Change | | | _ | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | - | | | |
| Add | | | | |
| Remove | | | | |

| | (Be specific) |
|---|--|
| FEI/EIN Number: 87-3410024 | |
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| . If an amendment provides for an exclusions for implementing the amendment | change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | endment i not contained in the amendment usett. |
| N/A | |
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| | NOVEMBER 23, 2021 | |
|---|---|---|
| The date of each amendment(s) date this document was signed. | adoption: | if other than the |
| NO. | VEMBER 23, 2021 | |
| Effective date <u>if applicable</u> : | <u>.</u> | |
| | (no more than 90 days after amen | dment file date) |
| Note: If the date inserted in this document's effective date on the I | | ing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were a action was not required. | lopted by the incorporators, or board of directors | without shareholder action and shareholder |
| ■ The amendment(s) was/were a by the shareholders was/were | lopted by the shareholders. The number of votes sufficient for approval. | cast for the amendment(s) |
| must be separately provided fo | proved by the shareholders through voting group reach voting group entitled to vote separately o | n the amendment(s): |
| "The number of votes ca | t for the amendment(s) was/were sufficient for a | pproval |
| by | | ** |
| | (voting group) | |
| Dated Signature | BER 23, 2021 | |
| (By a selec | director president or other officer – if directors of ed, by an incorporator – if in the hands of a receinted fiduciary by that fiduciary) | |
| | HERSEN COGOLLO, CRHISTIAN A | |
| | (Typed or printed name of person s | gning) |
| | PRESIDENT | |
| | (Title of person signing) | |