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Amend

SEP 17 2019
LALBRITTON

## **COVER LETTER**

то:	Registration S Division of Co			
SUBJE		N SOUL PARTNERS, LLC		•
	<u></u>	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Picase	return all correspo	ondence concerning this matter	to the following:	
		INGRID FERMIN RODR	IGUEZ	
			Name of Person	
		2221 NE 164 STREET, SU	Firm/Company JITE 372	
		NORTH MIAMI BEACH.	Address FL 33160	<del></del>
		ingrid.f@metalgroupusa.co	City/State and Zip Code	<del></del>
		E-mail address. (	to be used for future annual report n	otification)
For fur	her information c	oncerning this matter, please co	all:	
WANI	A DE MENDOZ	A	305 448-9002 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclose	ed is a check for the	he following amount:		
<b>S</b> \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

## ARABIAN SOUL PARTNERS, LLC

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

(A Florida Chare	d claiming company)
The Articles of Organization for this Limited Liability Compar Florida document number 1.15000070722	ny were filed on $\frac{4/22/2015}{}$ and assigned $\stackrel{?}{\sim}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	NA
	office address on our records, enter the name of the ne
registered agent and/or the new registered office address he	<u>:re</u> :
Name of New Registered Agent: NA	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	·
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
I hereby accept the appointment as registered agent and ag	ree to act in this canacity. I further agree to comply with the

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ana Paula Santander		
			■ Remove
			Change
MGR	Oswaldo Antonio Bello Biava		Add
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
		-	
			☐ Remove
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fective date, if other than in effective date is listed, the date ote: If the date inserted in the cument's effective date on the	iis block does not n	acct the applicabl	date of filing or more e statutory filing re	(option than 90 days after fil equirements, this d	ing.) Pursuant to 605.020
record specifies a dela The 90th day after the		late, but not a	n effective tim	e, at 12:01 a.r	n. on the earlier o
August 29		2019			
ica	•	<del></del>	•		
	Signature of a r	nember or authorize	ed representative of	member	······
	Signature of a r	nember or authoriz	ed representative of	i member	··········

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00