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**S Warren** APR 2 6 2017

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Soul Strength Athletics LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Biunca T. Morales Name of Person
Bianca Taylor Fitness Firm/Company
1121 Evening Trail Dr.
Wesley Chapel, FL 33543  City/State and Zip Code  Bianca Tay Lor Fit Ormall-com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bianca Morales at (513) 166 9601  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company w	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	- · · · · ·
Bianca Taylor Fiture new name must be distinguishable and contain the words "Limited Liability	Y Company." the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1121 Evening Trail Dr. Wesley Chapel Fl 33543
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 here:	ce address on our records, enter the name at the new
Name of New Registered Agent:	251 & C
New Registered Office Address:	Enter Florida street address
	, Florida
	City . Zin 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 = Månager .

AMBR =	Authorized Member		e e	
<u>Title</u>	<u>Name</u>		Address	Type of Action
	Joshua	Rafferty	1102 E twiggs Ct	
		·	Tampa FL, 33602	Remove
				Change
				Remove
			<del></del>	Change
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		<del></del>		25d AH ARPOF ASSEE. F
				Add AH 80 Ove OF STATE FLORIDA
				► □ Change

D. If án	nending any other information, enter change(s) here: (Attach additional sheets, if necessary	ary.)	
	<u> </u>		
		<del></del>	
		<del></del>	
<u>Note</u> docu	ctive date, if other than the date of filing:	ate will not be liste	ed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	n, on the earli	er or:
Date	d	17 APR 25 SECRETARY TALLAHASS	<b>-T1</b>
	Bianca T Morales	<u> </u>	
	Typed or printed name of signee	F ST	D
	Page 3 of 3	SO RIDA RIDA	

Filing Fee: \$25.00