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COVER LETTER

TO: Registration Se Division of Cor			
	Ne Different	110	
SUBJECT:		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for tiling.	
Please return all corresno	ondence concerning this matter to	o the following:	
Trease return an ecorespo	mattee concerning and matter to	7 110 17717	•
	Deboral	1 Cemoin	
		Name of Person	
		Firm/Company	
	6789 Boston	J Da	
	<u>6704 D03101</u>	Address	
		5 221 2	
	Lake Worth	1 77 , 33402 City/State and Zip Code	
	Dalorada	and some of	
	E-mail address: (10	City/State and Zip Code MOND amoul Code be used for future annual report notion	fication)
For further information c	oncerning this matter, please cal		
Deborah	Cemoin	at (5(4) 908 3	
Name o	f Person	Area Code Daytim	ie Telephone Number
Enclosed is a check for the	ha fallaging gmagnt		
		Elesson Cilia de Sar P.	□ \$60.00 Ellion Eno
▼ \$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 Addres	ss:	Street Address:	
Registration !	Section	Registration Se	
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Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dove Different LL	any as it now appears on our records.)
(A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21600112346</u> .	were filed on $3/9/2021$ and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Soul Pretty LLC The new name must be distinguishable add contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6789 Boston DR.
Principal office address MUST BE A STREET ADDRESS)	Lake worth Fr 33462
Enter new mailing address, if applicable:	6789 Boston DR.
Mailing address MAY BE A POST OFFICE BOX)	Lake Worth To 33462
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address: 6789	Boston DR. Enter Florida street address
Lakel	worth Florida 33462
	City Zip 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 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>	<u>Address</u>	Type of Action
			□Remove
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f an effective date is lis Note: If the date ins	ther than the date of lated, the date must be specificated in this block does added on the Department	ic and cannot be prior t not meet the applica			ng.) Pursuant to 605.0207
record specifies a d d is filed.	lelayed effective date, bu	a not an effective tir	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated Augi	157 19		_ ·		
	Signature	of a member or author	rized representative of	`a member	
	Dalas and	· Caracia)		
	Deboral	1 Comoin Typed or printe	d name of signee		