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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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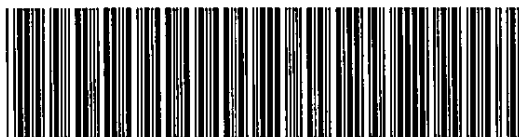
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Community Association Collection Solution, LLC

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:

Steven A. Fein

Name of Person

The Community Association Collection Solution, LLC

Firm/Company

900 South State Road 7

Address

Plantation, Florida 33317

City/State and Zip Code

saf33311@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Fein

at 954 253-5453

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 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**

The Community Association Collection Solution, LLC

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

The Articles of Organization for this Limited Liability Company were filed on July 22, 2013 and assigned
Florida document number L13000103037.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Soulful Yogi, LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

20011 N.E. 25th Avenue

Miami, Florida 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20011 N.E. 25th Avenue

Miami, Florida 33180

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Steven Fein	900 South State Road 7	<input type="checkbox"/> Add
		Plantation, Florida 33317	<input checked="" type="checkbox"/> Remove
MGR	Hilary Fein	900 South State Road 7	<input type="checkbox"/> Add
		Plantation, Florida 33317	<input checked="" type="checkbox"/> Remove
MGR	Jessica Fein	20011 N.E. 25th Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33180	<input type="checkbox"/> Remove
AMBR	Steven Fein	20011 N.E. 25th Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 BUREAU OF ECONOMIC ANALYSIS
 WASHINGTON, D. C.

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 5, 2015

Steven Fein MGR.

Signature of a member or authorized representative of a member

Steven Fein

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA