

L19 000 300096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

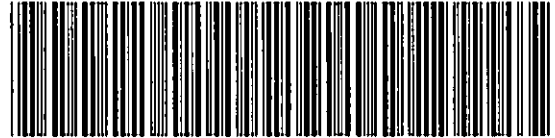
(Business Entity Name)

(Document Number)

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FILED
2020 APR -3 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gentle Souls 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:

Demetria R. Scott

Name of Person

Gentle Souls, LLC

Firm/Company

10984 SW 53RD CIRCLE

Address

Ocala, FL 34476

City/State and Zip Code

demetria.drscottrealestate@gmail.com

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

For further information concerning this matter, please call:

Demetria R. Scott

352

286-4519

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Gentle Souls LLC

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Navongela Frazier	5242 SW 115th Loop Ocala, FL 34476	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Noveyana Jackson	5242 SW 115th Loop Ocala, FL 34476	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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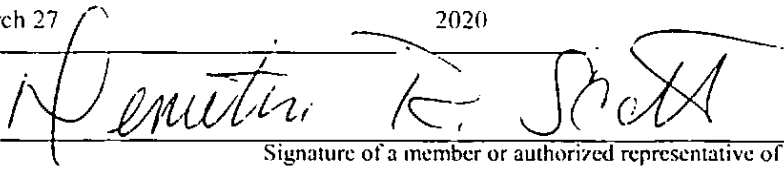
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 3 4 11:15 PM '11

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

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2020 APR -3 AM 11:15
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 03/27/2020 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 27 2020


Signature of a member or authorized representative of a member

Demetria R. Scott

Typed or printed name of signee