

L07 000012852

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

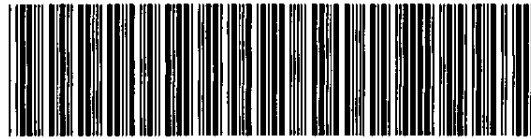
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SoulSeed 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:

Akim Wilson

Name of Person

SoulSeed LLC.

Firm/Company

4600 Touchton Rd., Bldg.100, Ste.150

Address

Jacksonville, FL. 32246

City/State and Zip Code

info@soulseedtees.com

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

For further information concerning this matter, please call:

Akim Wilson

Name of Person

904 738-1165

at ()

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**

FILED

12 NOV 19 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SoulSeed 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 02-05-07 and assigned
Florida document number L07000012852.

This amendment is submitted to amend the following:

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

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)

4600 Touchton Rd.

Bldg. 100, Ste. 150

Jacksonville, FL. 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4600 Touchton Rd.

Bldg. 100, Ste. 150

Jacksonville, FL. 32246

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:

4600 Touchton Rd., Bldg 100, Ste. 150

Enter Florida street address

Jacksonville

City

, Florida 32246

Zip Code

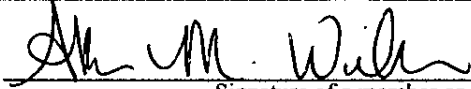
New Registered Agent's Signature, if changing Registered Agent:

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 608, 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

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

Dated November 16, 2012



Signature of a member or authorized representative of a member

Akim Wilson

Typed or printed name of signee

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Filing Fee: \$25.00