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COVER LETTER

TO: Registration Section Division of Corporat	ions	<i>;</i>		•
SUBJECT:S	DUL YOU Name of Limit	A SANC ed Liability Company	TARY	
The enclosed Articles of Amer	idment and fee(s) are subm	nitted for filing.		
Please return all correspondence	ce concerning this matter to	o the following:		
_	Kelli) a co		
_	Soul	Joga Sc Figh/Company ty de Park	inchas	rj_
_	2010 1-	tyde Park	- and	٧
		Mudress		
-	Sams	City/State and Zip Code	34239	
	V 011:12	City/State and Zip Code	C 1 A	
	E-mail address: (to	to Q a made be used for future annual	report notification)	
For further information concern	ning this matter, please cal	H:		
Kelli	Jaw	at (ALL)	58023	355
Name of Perso	on	Area Code	Daytime Telephor	ne Number
Enclosed is a check for the foll	owing amount:			
□ \$25,00 Filing Fee 🗡	\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end		\$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

SOUL MODA SA	monary LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document numberL 1 0 00007 9080	ere filed on JULY 28, ZOID and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Kelli Jaco Fitness LLC	
The new name must be distinguishable and contain the words "Limited Liability	_
Enter new principal offices address, if applicable:	2010 Hyde Park Grele Sarasota 12 34239
(Principal office address MUST BE A STREET ADDRESS)	Darasota 12 34239
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2010 Hyde Park Circle Saasota, & 34239
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	, , , , , , , , , , , , , , , , , , ,
New Registered Office Address:	Enter Florida street address 75 10
	100 miles 200 mi

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
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