

L13000601941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

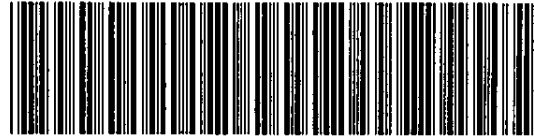
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

July 14, 2014

Gentlemen:

We are submitting an Amendment to the following LLC.

Let Your Soul Evolve, LLC
L13000001941

Should you have questions, we can be reached at the following:

Marnie Barrett
561-702-3570
Mbarrettboca@gmail.com



Check # 1055
6000

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Let Your Soul Evolve, 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:

Paul Alleva

Name of Person

Let Your Soul Evolve, LLC

Firm/Company

900 Linton Blvd Suite 122B

Address

Delray Beach, FL 33444

City/State and Zip Code

palleva@lifescapesolutions.com

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

For further information concerning this matter, please call:

Paul Alleva

Name of Person

at **561 628-6651**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

Check # 1055

- \$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**

Let Your Soul Evolve, 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 1/3/2013 and assigned Florida document number L13000001941.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

_____, **Florida**

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 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>
MGRM	Lisa Alleva	900 Linton Blvd #122B	<input type="checkbox"/> Add
		Delray Beach, FL 33444	<input checked="" type="checkbox"/> Remove
AMBR	Lisa Alleva	900 Linton Blvd #122B	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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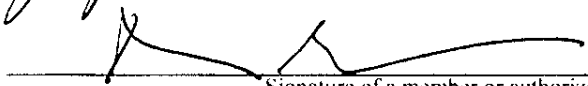
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 Add
 Remove

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 July 14, 2014



Signature of a member or authorized representative of a member

Paul D Alleva

Typed or printed name of signee

14 JUL 17 PM 3:21