## #15000070722

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K.SALY EXAMINER JUL -1 2015

## **COVER LETTER**

Division of Co			
	SOUL PARTNERS, LLC.	·	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	DANIELA TEIXEIRA		
		Name of Person	
	RAUL G. MENDOZA, P.	<b>A</b> .	
		Firm/Company	The state of the s
	2600 DOUGLAS ROAD.	SUITE 400	
		Address	
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	al Address Strong
	DANIELA@PONCETITLI	E.COM to be used for future annual report notif	
For further information	concerning this matter, please c	·	neanon)
DANIELA TEIXEIRA		305 445.1818	,
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	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

2015 JUN 29 AM 10: 36
TALL ARASSEE, FLORID,

ARABIAN SOUL PARTNERS, 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 $\frac{4/22/2}{2}$	015 and assigned
Florida document number L15000070722		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(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 of registered agent and/or the new registered office address here.  Name of New Registered Agent:  N/A		ur records, <u>enter the name of the new</u>
New Registered Office Address:		
	Enter Florida	street address
		Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u> </u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and I am familiar with and opter 605, F.S. Or, if this document is
If Cha	nging Registered Agen	. 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>	Name	<u>Address</u>	Type of Action
MGR	SANDRO R. PINHA	22 NW 164 STREET, SUITE 372	Add
		MIAMI, FL 33160	□ Remove
			□ Add
	•		□ Remove
			Change
			Change  Change  Change
			□ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
	•		□ Change
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ective date, if	other than the date	of filing:	r to date of filing or more th	(optional)	Directions to 605 (1207 / 3
<u>e:</u> If the date in	nserted in this block do	oes not meet the application of State's records	able statutory filing req	uirements, this date w	ill not be listed as th
ecord specifie 90th day	fies a delayed effe after the record i	ective date, but no s filed.	ot an effective time	, at 12:01 a.m. or	the earlier of:
d Ju	ne 24	. 2015	·		
	A	no Poula Son	tonder		

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Filing Fee: \$25.00