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(Re	questor's Name)	
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(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP		MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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TO: Registration Se Division of Cor			
Compliance	e Skills, LLC		
UBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Vivien Lurlene		
		Name of Person	
		Firm/Company	
	6015-43rd Court East		
		Address	
	Bradenton, FL 34203		
		City/State and Zip Code	
	soulsjourneylegal@gmail.c		
Gar farther information o	E-mail address: ( concerning this matter, please c	to be used for future annual report not	heation)
Viview Eurlene	-	954 205-2405	
Name o	of Person	at () Area Code — Daytim	e Telephone Number
Enclosed is a check for t	he 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/COUR Registration Section	ən
		Division of Corpo Clifton Building	
		2661 Executive C Tallahassee, FL 32	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

	OF	2018 NOV 19 AM 10: 24
Compliance Skills, LLC		TALLAHASSEE. FL
(Name of the Limited Liability Com	pany as it now appears on our record (Liability Company)	<u></u> >> <u></u> >>
The Articles of Organization for this Limited Liability Compar	iy were filed on January 25, 2016	and assigned
Florida document number 1.16000021014		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lig	<u>ibility company here</u> :	
Soul's Journey Legal Services, PLLC	<u>-</u>	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE <u>A POST OFFICE BOX)</u>	<u> </u>	n
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records <u>ere</u> :	s, <u>enter the name of the new</u>
Name of New Registered Agent:		<u>_</u>
New Registered Office Address:	Enter Florida street addres	
	. FI	orida
<u> </u>		Zip Code

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

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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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
<u>.</u>	<u> </u>		🖸 Add
			Remove
			Change
			🗆 AJd
			Remove
			Change
			Add
			🛙 Remove
			🗇 Change
			🖸 Add
			Remove
			Change
			🖸 Add
			Remove
			Change
			O Add
			Remove
		<u> </u>	Change

**D. If amending any other information, enter change(s) here:** (Attach additional sheets, if necessary.) ADD: Article VI: The purpose for which this Limited Liability Company is organized is the practice

of law and any other lawful purpose.

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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.

November 14	2018	
	Signature of a member or authorized representative of a member	
	signature of a memory of authorized representance of a memory	
Vivien Lurlene		
<b></b>	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00