

U6000155351

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

16 SEP 30 AM 9:35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOULPAX, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

OCT 03 2016

S. YOUNG

2016 SEP 30 PM 12:06

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Soulpax, 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 08/19/2016 and assigned
Florida document number L16000155351.

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 contain 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)

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:

J.B. Harris

New Registered Office Address:

3127 Ponce De Leon Blvd.

Enter Florida street address

Coral Gables

Florida 33157

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 603, 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.



J.B. Harris by:
Caitlin Lazarus, Attorney-in-Fact

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA
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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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|--------------------------|---|
| MBR | Julian Harris | 3127 PONCE DE LEON BLVD. | <input checked="" type="checkbox"/> Add |
| | | CORAL GABLES, FL 33134 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | Julia Camayd | 3127 PONCE DE LEON BLVD. | <input checked="" type="checkbox"/> Add |
| | | CORAL GABLES, FL 33134 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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Dated September 29 2016


Signature of a member or authorized representative of a member

Caitlin Lazarus, Special Secretary
Typed or printed name of signee



September 30, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOULPAX, LLC
3127 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

SUBJECT: SOULPAX, LLC
REF: L16000155351

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H16000242800
Letter Number: 416A00021065