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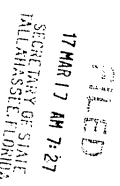
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Soul Hustler Enterprise, 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:
Shalonda Baldwin Name of Person
Firm/Company
307 Stone brook Drive
Union, Missouri 63084 City/State and Zip Code
E-mail address: (to be used for filture annual report notification)
For further information concerning this matter, please call:
Shalonda Baldwin at (1636) 1675 · 963 Name of Person at (1636) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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 HustLar Name of the Limit	ed Liability Company (A Florida Limited Lia	ras it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Li Florida document number		vere filed on 1119 1801	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liabili	ty company here:	
NIA			
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	NA	
(Principal office address MUST BE A STREE	T ADDRESS)	NIA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	A / W B / W	
		NA	
B. If amending the registered agent and/or the new registered of		ce address on our records, e	nter the name of the new
Name of New Registered Agent:	NA	· · · · · · · · · · · · · · · · · · ·	MAR IT
New Registered Office Address:	NA	Enter Florida street address	7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	NA	, Floric	
	-	City	C Ap 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = .Ma AMBR = Au	nnager Ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Shalonda Baldwin	Union Missouri	□ Add
			Remove
			Change
MGR	Shalonda Baldwi	n 307 Stonebrook Dri	Y© □ Add
		Union Missouri	Remove
		63084	Change
			Add
			□ Remove
			Change
		·	Add
			□ Remove
			□ Change
*** ***			
			Remove
			Change
			Remove
			Change

	
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tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to date 1 If the date inserted in this block does not meet the applicable st	of filing or more than 90 days after filing.) Pursuant to 60 tatutory filing requirements, this date will not be lis
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an e	effective time, at 12:01 a.m. on the earl
e 90th day after the record is filed.	
d March 15 2017	
	1

Page 3 of 3

Filing Fee: \$25.00