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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	Kind Soul L	LC .		
SODJI	.c.:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Megan Infurchia		
			Name of Person	
		Kind Soul LLC		
			Firm/Company	
		36618 Forestdel Drive		
		<u> </u>	Address	
		Eustis, FL 32736		
		<u></u>	City/State and Zip Code	
		shopkindsoul@gmail.com		-
			to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please co	all:	
Megan	Infurchia		407 7029139 at ()	
	Name of	Person		Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2:	5.00 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

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any 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)	
	<u> </u>
	35
Enter new mailing address, if applicable:	S. 1 7
(Mailing address MAY BE A POST OFFICE BOX)	
	D 4
B. If amending the registered agent and/or registered office addre registered agent and/or the new registered office address here:	ess on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Ent	ter Floridu 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 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>	Address	Type of Action
MGR	Patricia Infurchia	36618 Forestdel Drive Eustis FL, 32736	□ Add
			■ Remove
			Change
MGR	Megan Infurchia		Add
			☐ Remove
		CEO	■ Change
			□ Add
			Remove
			☐ Change
			Add
			□ Remove
			Acta
			Change
			☐ Remove
			Change

Please change Megan Infurchia from Title MGR to Title CEO			
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fective date, if other than the date of filing:	(optional)		
n effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory filicument's effective date on the Department of State's records.	ing requirements, this date will	rsuant to 605 I not be liste	5.0 :ed
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on	the earlie	er
ted,			
Melyn Unfure Signature of a member or authorized representative			

Page 3 of 3

Filing Fee: \$25.00