

L17000256266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

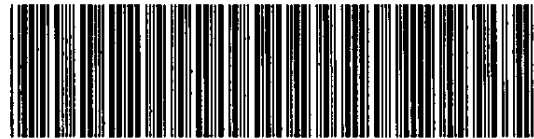
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18 MAR 26 PM 12:42

J. LEGGETT
MAR 27 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUL HEALTH MARKETPLACE, 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:

NATALIA BUCKAREFF

Name of Person

SOUL HEALTH MARKETPLACE, LLC

Firm/Company

250 PHARR ROAD NE, UNIT 1605

Address

ATLANTA, GA 30305

City/State and Zip Code

NATALIE@SOULHEALTH.ME

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REUBEN BUCKAREFF

404 313-8830
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SOUL HEALTH MARKETPLACE, 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 December 15, 2017 and assigned
Florida document number L17000256266.

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:

50 Hurt Plz SE, Suite 1428

(Principal office address MUST BE A STREET ADDRESS)

Atlanta, GA 30303

Enter new mailing address, if applicable:

250 Pharr Road NE, Unit 1605

(Mailing address MAY BE A POST OFFICE BOX)

Atlanta, GA 30305

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:

New Registered Office Address:

Enter Florida 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>	<u>Address</u>	<u>Type of Action</u>
MGR	NATALIA BUCKAREFF	250 PHARR ROAD NE, STE 1605	<input checked="" type="checkbox"/> Add
		ATLANTA, GA 30305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	REUBEN BUCKAREFF	PO BOX 611266	<input type="checkbox"/> Add
		ROSEMARY BEACH, FL	<input checked="" type="checkbox"/> Remove
		32461	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: MARCH 15, 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MARCH 17, 2018


Signature of a member or authorized representative

REUBEN BUCKAREFF

Typed or printed name of signee