

L18000095130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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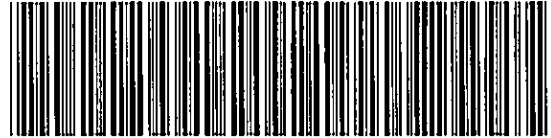
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

n BRUCE
JUL 25 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Soul Nectar 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:

Ted J Snyder

Name of Person

Punch Down Enterprises LLC

Firm/Company

864 63rd Avenue South

Address

St. Petersburg, FL 33705

City/State and Zip Code

Puchdownenterpises@gmail.com

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

For further information concerning this matter, please call:

Ted J Snyder

Name of Person

at 727

Area Code

537-9844

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Soul Nectar 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 04/16/2018 and assigned
Florida document number L18000095130.

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)

864 63rd Avenue South

St. Petersburg, FL 33705

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

864 63rd Avenue South

St. Petersburg, FL 33705

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:

Snyder, Joshua

New Registered Office Address:

864 63rd Avenue South

Enter Florida street address

Saint Petersburg

City

Florida 33705

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

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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>
MGR	Snyder, Joshua	864 63rd Avenue South	<input checked="" type="checkbox"/> Add
		Saint Petersburg, FL 33705	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MOYSE, DANIELLE	17723 GULF BLVD #1	<input type="checkbox"/> Add
		REDINGTON SHORES, FL 33708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SNYDER, JENNIFER	864 63rd Avenue South	<input type="checkbox"/> Add
		Saint Petersburg, FL 33705	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE
SECRETARY OF
TALLAHASSEE FLORIDA

(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)

Dated July 14, 2018

Signature of a member of the public

Signature of a member or authorized representative of a member

Ted J Snyder

Typed or printed name of signee