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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PRD'S SOUL Food LLC  Name of Limited Liability Company
Name of Emilied Elability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TAME Taylor Name of Person
PRD'S Soul FOOD LLC Firm/Company
503 37 <sup>th</sup> 57 Address
West Palm Sch, H 33407 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tomar Taylor at (561) 891-0549  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Status Solution Solution Status Solution S

### 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

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SECRETALIANSSEE, FLORID	i E

PRD'S SOUL FOR	ny as it now appears on our records.)
PRD'S SOUL FOR  (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/8000/12504</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	1370 Ave E Rrviera Becch, Fl 33404
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	823 37th St WPB, H 33467
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida

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 Type of Action Title Name Address Demetrius Timms D Add □ Remove \_□ Change Ambe Ruph Johnson ☐ Remove \_□ Change AMBR Romaine Bryant ☐ Remove ☐ Change 18 SEP 12 ☐ Change ▼ □¾dd ☐ Remove \_□ Change □ Add □ Remove

☐ Change

-	TROS ED
_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)    18   SEP   2   AH   12: 10
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ffecti	ve date, if other than the date of filing: $9 - 1 - 2018$ (optional)
an cffe	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
THE	John day after the record is med.
ated	9-1-2018
	Signature of a member or authorized representative of a member
	Tame faith
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00