(Red	questor's Name)	
(Add	dress)	· · · · · · · · · · · · · · · · · ·
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2019

JERIKA SOYARS SOYARS VENTURE LLC 2578 ENTERPRISE ROAD, SUITE 303 ORANGE CITY, FL 32763

SUBJECT: SOYARS VENTURE LLC

Ref. Number: L19000019581

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

2019 HAY 13 AH II: 53

Letter Number: 819A00005799

www.sunbiz.org

COVER LETTER

	ation Section of Corpor			
SUBJECT:		Soyars V Name of Limi	lenture Luc ited Liability Company	· ·
The enclosed Art	ticles of Am	endment and fee(s) are subr	mitted for filing.	
Please return all o	corresponde	nce concerning this matter t	to the following:	
		Jer	Name of Person	
			S Venture UC Firm/Company	
		2578 Enterpr	rise Rd STE 303 C	Mange City, FC 32763
			City FL 32763 City/State and Zip Code Why & Qamail Com to be used for Tuture annual report notif	~
For further inforr	mation conc	E-mail address: (t erning this matter, please ca		ication)
<u>Da</u>	Name of Per		at (386) 473 (Area Code Daytime	-1770 Telephone Number
Enclosed is a che	eck for the fo	llowing amount:		
፟፟ \$25.00 Filing	g 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

(C)

2

	TAC 19
Sowars Venti	ure LLC
(Name of the Limited Liability Compa (A Florida Limited L	
The Articles of Organization for this Limited Liability Company	were filed on January 17, 2019 and spigned
Florida document number <u>L 19000019581</u> .	ラ 「
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2578 Enterprise Rd STE 303
(Principal office address MUST BE A STREET ADDRESS)	Ocange City, FC 32763
	-
Enter new mailing address, if applicable:	2578 Enterprise Dd STE 303
(Mailing address MAY BE A POST OFFICE BOX)	2578 Enterprise Dd STE 303 Orange City, El 32763
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:	ika Soyars
New Registered Office Address: 2578	Enterprise Rd STE 303 Common Othy, Enter Florida street address Extended 1863
- Orang	e City , Florida 32763

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.

Chapping 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:

<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			Add
			Remove
			Add
			□ Remove
			Add
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Remove

`	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	
	7.
(If an e	tive date, if other than the date of filing:
HOLL	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ment's effective date on the Department of State's records.
he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 <u>5/8/19</u>
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00