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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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Amend

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COVER LETTER

| OUT SOAP, LLC Name of Lim | ited Liability Company | |
|---|---|--|
| | ited Liability Company | |
| | | |
| | | |
| mendment and fee(s) are sub | mitted for filing. | |
| dence concerning this matter | to the following: | |
| | | |
| | PEREZ, NOEL | |
| | Name of Person | |
| | ALL ABOUT SOAP, LLC | |
| | Firm/Company | |
| | 1550 Tileston Rd, Unit 108 | |
| | Address | |
| | St Cloud, FL 34771 | |
| | City/State and Zip Code | |
| noe | el@seguroquesi.com | |
| E-mail address: (| to be used for future annual report notif | ication) |
| ncerning this matter, please ca | all: | |
| | art 321 v 443-9130 |) |
| PEREZ, NOEL Name of Person | | e Telephone Number |
| | | |
| following amount: | | |
| □ \$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) |
| | noe E-mail address: (neerning this matter, please concerning this matter, please concerning this matter) Person following amount: | ALL ABOUT SOAP, LLC Firm/Company 1550 Tileston Rd, Unit 108 Address St Cloud, FL 34771 City/State and Zip Code noel@seguroquesi.com E-mail address: (to be used for future annual report notifineerning this matter, please call: at (321)443-9130 Person |

MAILING ADDRESS:

TQ:

Registration Section

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**

ALL ABOUT SOAP, LLC

| ARTICLES OF O | ROANIZATION 2 2 |
|--|---|
| OF | · · · · · · · · · · · · · · · · · · · |
| | y as it now appears on our records.) ability Company) vere filed on01/22/2019 and assigned |
| ALL ABOUT SOAP, I.LC | |
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) |
| | |
| The Articles of Organization for this Limited Liability Company w | vere filed on 01/22/2019 and assigned |
| Florida document number <u>L19000023466</u> . | •. |
| This amendment is submitted to amend the following: | |
| - | |
| A. If amending name, enter the new name of the limited liabil | ity company here: |
| | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1550 Tileston Rd, Unit 108 |
| (Principal office address MUST BE A STREET ADDRESS) | St Cloud, FL 34771 |
| | |
| | |
| Enter new mailing address, if applicable: | 1550 Tileston Rd, Unit 108 |
| (Mailing address MAY BE A POST OFFICE BOX) | St Cloud, FL 34771 |
| Willing duaress MAT DE ATOST OFFICE BOX | 0.0000000000000000000000000000000000000 |
| | |
| B. If amending the registered agent and/or registered offi | ice address on our records, enter the name of the |
| 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 |
| | Cuv ZiD Coae |
| 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|--------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ffecti | ve date, if other than the date of filing: (ontional) |
| Note: | ve date, if other than the date of filing: |
| e rec The | 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. |
| | |
| Dated | JULY 17 2019 |
| • | |
| | |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00