

L19000038184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

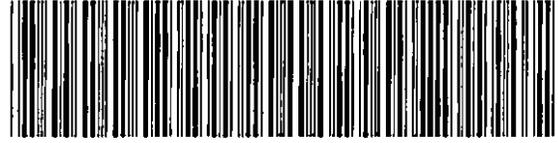
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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11/1/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOJOURN PRODUCTS, 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:

Jordan Lulich, Esq.

Name of Person

Lulich & Attorneys, P.A.

Firm/Company

1069 Main Street

Address

Sebastian, FL 32958

City/State and Zip Code

sunbiz@lulich.com

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

For further information concerning this matter, please call:

Jordan Lulich

772 589-5500

at ()

Name of Person

Area Code

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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>
P	LEWIS, MAURA	669 2ND LANE	<input type="checkbox"/> Add
		VERO BEACH, FL 32962 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	ROGERS, MICHAEL W.	669 2ND LANE	<input type="checkbox"/> Add
		VERO BEACH, FL 32962 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROGERS, MICHAEL	669 2ND LANE	<input checked="" type="checkbox"/> Add
		VERO BEACH, FL 32962	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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FILING AND REGISTRATION

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E. Effective date, if other than the date of filing: _____ (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 60A-207 (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 10/13/2023 _____

Michael Rogers
ID: WMLJPH+GUHGage16/D3062/Pa2

Signature of a member or authorized representative of a member

MICHAEL ROGERS

Typed or printed name of signee

Filing Fee: \$25.00