

L19000038184

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

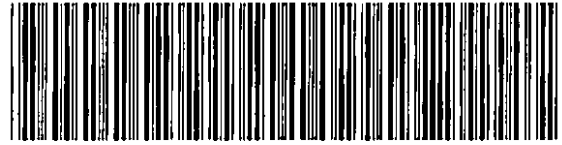
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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1011  
4/16/23

## 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

SECRETARY OF STATE  
TALLAHASSEE, FL

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

SOJOURN PRODUCTS, 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 02/06/2019 and assigned  
Florida document number L19000038184.

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)

669 2ND LANE

VERO BEACH, FL 32962

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

669 2ND LANE

VERO BEACH, FL 32962

**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:

MICHAEL ROGERS

New Registered Office Address:

669 2ND LANE

*Enter Florida street address*

VERO BEACH

*City*

Florida 32962

*Zip Code*

**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.*

*Michael Rogers*

10-2018 Reg 122-111 (Agent's Office) Page 2 of 2

**If Changing Registered Agent, Signature of New Registered Agent**

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TALLAHASSEE, FL

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

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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 606.207 (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 W4MjYhGMMGagc45D3de2Pq2

၂၀၂၁ ခုနှစ်၊ ဇန်နဝါရီလ ၁ ရက်နေ့၊ နံနက် ၈ နာရီ ၀၀ မိနစ်

Signature of a member or authorized representative of a member

MICHAEL ROGERS

Typed or printed name of signee

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SEAL OF STATE  
TALLAHASSEE, FLA.

(ursult) to 608-207 (3)(b)  
It will be a lie as the