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COVER LETTER

Division of Corporations			
SUBJECT: SOUIFUL RESTORATION, PLLC 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:			
Pamela Chapman, D.O.			
Firm/Company			
1708 78th Ct W			
Bradenton, FL 34209 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Pantla (Mapman, D.D. at (337) 256-1535 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section Street Address: Registration Section			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

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

Soulful Rest (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Clability Company)
The Articles of Organization for this Limited Liability Company	were filed on April 29, 2019 and assigned
Florida document number <u>L 19000 15265</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 Beauty and Wellness The new name must be distinguishable and contain the words "Limited Liabil	In CTITUTE, PLLC Ity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5861 Wrtez Rd W
(Principal office address MUST BE A STREET ADDRESS)	Bradenton, FL 34210
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	1708 78th (t W Bradchton, FL 34209
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	·
New Registered Office Address: 586	Lortez Rd W Enter Florida street address
Brad	enton Florida 34210 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.

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>	Address	Type of Action
			□Add
			□Remove
		·	□Change
			□Add
			□Remove
			□Change
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			□ Change

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(If an effective Note: If the	date, if other than the date of filing:
he record sp ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	April 15 Paul D Signature of a pumber or authorized representative of a member Pamela Chapman D.O. Typed on printed name of signee
	Parulasono
	Signature of a pember or authorized representative of a member
	Paga da Chappaga O O
	Typed or printed name of signee