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SECRETARY OF STATE TALLAHASSEE FI GOLD

\* SULKER OCT 2.5 2019

# **COVER LETTER**

Division of Co	rporations	•	14.	
SUBJECT:	The Soul O	f South Dade		
John Ser.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	H	Iollie Rozier		
		Name of Person		
	The Sou	ıl Of South Dade	9	
		Firm/Company		<del></del>
	10360 SW	/ 186 ST. #9725	92	
		Address		
	Miami F	lorida, 33197		
		City/State and Zip Code		
	Thesc	oulofsouthdade@	gmail.c	om ion)
For further information of	concerning this matter, please co		•	·
Hollie F	Rozier	at (_786_)	973-20	070
Name o	of Person	Area Code	Daytime Tel	lephone Number
Enclosed is a check for t	be following amount:			
□ \$25.00 Filing Fce	□ \$30.00 Filing Fee &	<b>⊠</b> \$55.00 Filing Fce &	o,	□ \$60.00 Filing Fee.
□ \$23.00 Fitting Fee	Certificate of Status	Certified Copy  (additional copy is enc		Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS: ration Section		COURIER ion Section	ADDRESS:

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

**Registration Section** 

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

### The Soul Of South Dade

(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/03/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESSS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2015 TAI
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, enter the name of the ess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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, enter the title, name, and address of each person | or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
<u>Mgr</u>	Hollie Rozier	10360 SW 186 ST. #972592	<b>⊠</b> Add
		Miami Florida, 33197	🗆 Remc
			Chang
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe Note: I	e date, if other than the date of filing:
ne reco	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $90$ th day after the record is filed.
Dated _	September 30 2019
	1100
	Signature of a member or authorized representative of a member
	\ /

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Filing Fee: \$25.00