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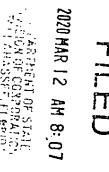
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COVER LETTER

	Registration Se Division of Cor		•	• 3
	Souljah Sit	h LLC	,	•
SUBJEC	Г:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	urn all correspo	ndence concerning this matter	to the following:	
		Robert Lang		
			Name of Person	
		Souljah Sith LLC		
			Firm/Company	
		530 E. Central Avenue, #6	01	
		-	Address	·····
		Orlando, FL 32801		
			City/State and Zip Code	
		soutjah		
			to be used for future annual report no	otification)
For furthe	r information c	oncerning this matter, please c	all:	
Kerrie Fir	าท		407 415-2618	
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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 Addres Registration S		Street Address: Registration S	ection
Γ	Division of C	crporations	Division of Co	orporations
	P.O. Box 632 Fallahassee, I		The Centre of	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Souljah Sith LLC		2020 T
(Name of the Limited Liabi	lity Company as it now appears on our record	ls.) 29 h
The Articles of Organization for this Limited Liability Florida document number L19000281157		TOPPE NO
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mend the following: in new name of the limited liability company here: and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." ress, if applicable: BE A STREET ADDRESS) pplicable: ST OFFICE BOX) gent and/or registered office address on our records, enter the name of the new registered office address here: d Agent:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	I" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or register agent and/or the new registered office address here:		the name of the new registere
agent and/or the new registered write address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	5.5
	, FI City	orida 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 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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Lang	530 E. Central Avenue #601	🗆 🗆 Add
		Orlando, FL 32801	□Remove
			
			Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			🗀 Remove
			Change
			
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fective date, if other than the dunceffective date is listed, the date must bete. If the date inserted in this block cument's effective date on the Dep	k does not meet the app	plicable statutory filing	(optional ore than 90 days after filing g requirements, this dat	g.) Pursuant to 605.0207
ecord specifies a delayed effective of is filed.	late, but not an effectiv	re time, at 12:01 a.m. o	on the earlier of: (b) T	he 90th day after the
March 3	2020			
ted March 3		·		
ited	·	·		
nted	2020 ignature of a member or a	uthorized representative	of a member	

Filing Fee: \$25.00