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COVER LETTER

TO:	Registration Section of Corp						
SUBJE		SOUL GLOBAL LLC	ŧ	4			
C. D. B. C.		Name of Limi	ited Liability Company				
		mendment and fee(s) are sub-	-				
		FUNDA BUGA TEKBAS					
			Name of Person				
		PHOENIX SOUL GLOBA	AL LLC				
			Firm/Company				
		410 SE 4TH AVE UNIT 2					
			Address				
		HALLANDALE BEACH.	, FL 33009				
		fundabuga@gmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual r	eport notification)			
For furt	her information co	ncerning this matter, please ca	all:			~)	
FUND.	A BUGA TEKBAS	3		-6920		<u>.</u> -	
	Name of	Person	at () Area Code	Daytime Telepho	ne Number	210	2.75
Enclose	d is a check for the	e following amount:				712 FJP	- 4
■ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is encl		\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	: n n &	222 200 5

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHOENIX SOUL GLOBAL 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	3/04/2020 and assigned
Florida document number 1.20000071985	A . 3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>nere</u> :
BUGA GLOBAL LLC	
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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here: Name of New Registered Agent:	records, enter the name of the new registered
New Registered Office Address:	
Enter F	orīda street address
	Florida
City	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 provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address. I here company has been notified in writing of this change.	of my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is

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
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			Change
			□Add
			□Remove
			□Change

(If an o	ctive date, if other than the date of filing:
he record is	ord 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 filed.
Date	d 03/17/2020
	Signature of a member or authorized replectorative of a member

Filing Fee: \$25.00