## L20000 151698

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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D. BRUCE NCT 04 2020

## **COVER LETTER**

TO: Registration 9 Division of Co			•
	UL SOUL LLC		·
SUBJECT:			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following.	
	Evangeline Ngwashi		
		Name of Person	
	Grateful Soul LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	Tampa Florida 33615		
		City/State and Zip Code	
	evangeline.ngwashi@gmail		
		to be used for future annual report notifi	cation)
For further information	concerning this matter, please co	all:	2020 SEC TA
Evangeline Ngwashi		813 4946758 at ()	A T
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount		PH 2
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60 00 Filing Fee  Certificate of Status &  Certified Copy  (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address:	Livon

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Ft. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grateful Soul LLC		
(Name of the Limited Liab (A Flor)	ility Company as it now appears on our records.) da Eimited Laability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L20000151698</u>	Company were filed on JUNE O3, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the fir	uited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or th	
Enter new principal offices address, if applicable:		20 AL
(Principal office address MUST BE A STREET ADD	ORESS)	A 6 5
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		H PH 2: LL
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the n</u>	name of the new registered
Name of New Registered Agent.		
New Registered Office Address.		
	Enter Florida sweet address	
	, Florida	
<del>-</del>	Cuy	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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			🗆 Change
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<b>fective date, if other than the α</b> in effective date is listed, the date must ote: If the date inserted in this blockment's effective date on the Dep	e specific and k does not r	d cannot be p neet the app	dicable stat	f filing or mo utory filing	erthan Wilder	optional) after filing s. this date	1 Digreguest	to 605.0 be listed	)207 ( Las t
ecord specifies a delayed effective is filed.	Jate, but not	i an effectiv	e time, at 1	2 (11 a.m. or	the earlier o	of (b) Th	ie 90th da	y after t	the
ted August 10th		2020		)					
		X	7						