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## **COVER LETTER**

Division of Corporations	
SUBJECT: Juicy Bars 11C Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Jayme Poma Name of Person SOap Exotic, LLC	
189 SW Ivanhoe Court Address	
Port St. Lucie, FL 34983  City/State and Zip Code  Scapexotic agmail. com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	20
Tayme Poma at (772) 501-7476  Name of Person Area Code Daytime Telephone Number	2020 JUL 27 I
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	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

Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000/149644</u> .	were filed on June 18, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil  SOap Exotic, LLC  The new name must be distinguishable and contain the words "Limited Liabili"	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Same - No Change
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	Same - No Change
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address  Florida
<del></del>	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 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.

f Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
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			□Remove
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(If an effective date is listed	er than the date of filing:  I, the date must be specific and cannot be peted in this block does not meet the apeate on the Department of State's reco	plicable statutory filing require	(optional) 0 days after filing.) Pursuant to 605 onents, this date will not be list	5.0207 (3) ed as the
Note: If the date insert				
document's effective d	a delayed effective date, but er the record is filed.	not an effective time, at	12:01 a.m. on the earli	er or:
document's effective d	a delayed effective date, but er the record is filed.		12:01 a.m. on the earli	er or:

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Filing Fee: \$25.00