## L20000171690

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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Registration S Division of Co			÷
<b></b>			•
SUBJECT: Feat	her Soup Composition	y CC (	
	Name of Lim	med Clability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William (h	Name of Person	
	Flather soup	COMPLY CLC Firm/Company	
	15291 SW 2	oth St. Address	<del></del>
	Milonar, FL	33027 City/State and Zip Code	<del></del>
		Feather soup. com to be used for future annual report noti	<del></del>
For further information e	oncerning this matter, please ca	all:	
William Cl	nang	at ( <u>954</u> ) <u>591 ~</u> Area Code Daytim	9407
Name o	f Person?	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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 Address		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## L

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Feather Soap Company L (Name of the Limited Liability Company as it	L (
(A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were fi	iled on 06/19/2020 and assigned
Florida document number <u>L20000171690</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202 SEE
(Principal office address MUST BE A STREET ADDRESS)	DEC 1
Enter new mailing address, if applicable:	9 3 3
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>
B. If amending the registered agent and/or registered office address	s on our records, <u>enter the name of the new register</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
Си	y 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, 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
AMBR	Yung, Lin	15241 SW 20th ST.	<b>⊼</b> I∨qq
		15291 SW 20th ST. Miranur, FL 33027	□Remove
			Change
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Filing Fee: \$25.00