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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

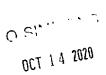




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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sacred Souls	S LLC .imited Liability Company	
ratic of the	mined traditity Company	
The enclosed Articles of Amendment and fee(s) are su	submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Jennifer	Benne H Name of Person	
	Firm/Company	
1517 5	Sw 13th terrace	
CApe Co	City/State and Zip Code City/State and Zip Code State of the company of the com	
Sacred sov E-mail address:	s: (to be used for future annual report notification)	_
For further information concerning this matter, please		
Jennifer Bennett Name of Person	at (239) 443 9937 Area Code Daytime Telephone Nun	nber
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	0 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Companylians	Division of Compretions	

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sacred Souls (Name of the Limited Liability Compar (A Florida Limited L	LLC 2020 SEC - 3 PM 1: 05 ny as it now appears on our records.)
(A Florida Limited L The Articles of Organization for this Limited Liability Company	1
Florida document number <u>L20000 216620</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C." 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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 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	2020 St3 PM	Type of Action
AMBR	Peggy Hendrickson	<u>1723 SE</u>	Van loon ter	□Add
	Peggy Hendrickson	CApe Cor	al f1 339	70 Remove
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