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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/11/2021	**;	VALK IN**
ENTITY NAME SOUFF	·	
DOCUMENT NUMBER_	_20000252289	
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy Certified Copy Certificate of Status	٠.
***	CLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments	_
	APOSTILLE' / NOTARIAL CERTIFICATION	_
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at th	e above number for any issues or concerns. Thank you so much	6/

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (L.ED

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		5772. 983	<u>' </u>
(Name of the Limited)	<u>liability Company as it</u> Florida Limited Liability	now appears on our record Company)	<u>ls.)</u>
The Articles of Organization for this Limited Liab Florida document number <u>L20000252289</u>	lity Company were f	iled on 08-17-2020	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of th</u>	<u>e limited liability co</u>	mpany here:	
Souffrant LLC			
The new name must be distinguishable and contain the word	s "Limited Liability Com	pany," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office a		s, enter the name of the
The state of the s			
Name of New Registered Agent:			
		Enter Florida street addres	2.52
Name of New Registered Agent:	Cit		oridaZip Code

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: LED MGR = Manager AMBR = Authorized Member 2021 JAN 11 AK 9:50 Type of Action Address Name | Title SOLLANDSSER, ZE □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change _____

Remove _□ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

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fective date, if other than the in effective date is listed, the date muote: If the date inserted in this becument's effective date on the L	edate of filing:
record specifies a delaye The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the ecord is filed.
ated	2020
	rdan Souffrant

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Filing Fee: \$25.00