

L200000280720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

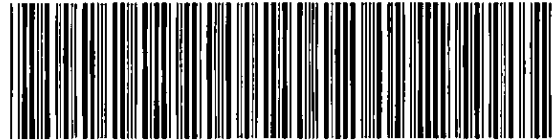
(Business Entity Name)

(Document Number)

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09/07/23--01018--010 \*\*50.00

2023 SEP -7 AM 7:57

9/22/2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOULFULL EATS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy Shippee

Name of Person

Hathaway & Reynolds, PLLC

Firm/Company

50 AIA North, Suite 108

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

*Mixsonshantrel@gmail.com*

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Shippee

904

280-5526

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

SOULFULL EATS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED

2023 SEP -7 AM 7:57

The Articles of Organization for this Limited Liability Company were filed on September 9, 2020

Florida document number L20000280720

SEP 11 2023  
TALLAHASSEE, FL

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

333 N. Laura Street

**(Principal office address MUST BE A STREET ADDRESS)**

Jacksonville, FL 32202

Enter new mailing address, if applicable:

11605 Bridges Road

**(Mailing address MAY BE A POST OFFICE BOX)**

Jacksonville, FL 32218

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Shantrell Mixson

New Registered Office Address:

11605 Bridges Road

*Enter Florida street address*

Jacksonville

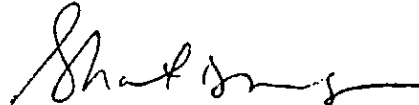
*City*

Florida 32218

*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**

[illegible]

N/A

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated August 31

2023

Signature of a member or authorized representative of a member

**Shantrell Mixson**

Typed or printed name of signer

**Filing Fee: \$25.00**