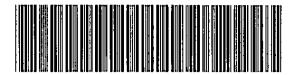
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(Requestor's Name)
A.U
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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FILED

Williams, Vonterica S.

From: Cushing, Diane

Sent: Thursday, April 27, 2023 8:31 AM

To: Williams, Vonterica S.

Subject: FW: LLC Amendment Request Follow Up - Doc Number L20000297631

Vonterica

You rejected this filing back in March. Below is the new name they want to use. It appears to be available. Please use the copy of the application you have and correct the application with the new name and file as soon as you can. Thank You!!

Diane C. Cushing Senior Section Administrator Amendment Section Division of Corporations (850) 245-6913 (850) 245-6897 (Fax)

From: Tiara Fields < tiaramfields@gmail.com > Sent: Wednesday, April 26, 2023 5:50 PM

To: Cushing, Diane < Diane. Cushing@DOS. MyFlorida.com>

Subject: Fwd: LLC Amendment Request Follow Up - Doc Number L20000297631

EMAIL RECEIVED FROM EXTERNAL SOURCE

Hello Diane,

I hope this email finds you well. I am following up on the below request. Please advise if any additional information is needed to fulfill the request.

Thank you, Tiara Fields

P: (305) 319-2702

E: tiaramfields@gmail.com

Begin forwarded message:

From: Tiara Fields siara Fields siara Fields siara Fields siaramfields@gmail.com
cc: Tiara Fields siaramfields@gmail.com

Subject: LLC Amendment Request Follow Up - Doc Number L20000297631

Hi Diane,

. .

I hope this email finds you well. Thank you for your time on April 11, 2023 and further assistance with finalizing an LLC Amendment Request for a Name Change of Document Number: L20000297631. Please find the below the requested details.

Current Business Name: THE BLACK SOAP COLLECTION, LLC

Requested Name Change: THE MODERN PRACTICE, LLC

Doc Number: L20000297631

Date of Payment: Money Order attached in mailed envelop, dated January 21, 2023 from

Western Union

Phone Number: 305-319-2703

Thank you in advance for your assistance with this request.

Kind regards, Tiara Fields

P: (305) 319-2703

E: tiaramfields@gmail.com

COVER LETTER

TO:	Registration Se Division of Cor			
CITO DE		CK SOAP COLLECTION, LL	С	
SUBJEC	ωι: <u></u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	etum all correspo	ondence concerning this matter	to the following:	
		TIARA FIELDS		
			Name of Person	
		THE BLACK SOAP COL	LECTION, LLC	
			Firm/Company	
		1314 E LAS OLAS BLV	D	
			Address	
		FORT LAUDERDALE, F	L 33301	
			City/State and Zip Code	
		THEBLACKSOAPCOLLE		
		E-mail address: (to be used for future annual report not	ification)
For furth	ner information o	concerning this matter, please c	all:	
TIARA	FIELDS		305 319-2703 at (
Name of Person				ne Telephone Number
Enclosed	d is a check for t	he following amount:		
■ \$ 25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address:	
	Registration Division of C		Registration Se Division of Co	
	P.O. Box 632	-	The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Black Soap Collection, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records lorida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liabil Florida document number <u>L20000297631</u>	lity Company were filed on 09/22/2020	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The Collective LLC The Mind of	r tractice, LLC	
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		2023 A
Enter new mailing address, if applicable:		TILE E
•	W.	17 N
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	76 Z6
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our records, <u>enter</u> ere:	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	zi .
	FL	orida
-	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	Type of Action
			□Add
			□Remove
			Change
			□Add
		·	□Remove
			□ Remove
			□Change
			□Add
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			□ Change
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Note:	ive date, if other fective date is listed to the date insendent's effective	rted in this	block does no	ot meet the a	pplicable stat	filing or more utory filing re	han 90 days afte	onal) r filing.) Pursuant t is date will not b	o 605.0207 (e listed as t
the red) The	cord specifie 90th day al	s a delay fter the re	ed effective cord is file	e date, bu ed.	it not an ef	fective time	e, at 12:01	a.m. on the ϵ	arlier of
Dated	i/an	vary	13 P 1	<u>_202</u>)	<u> </u>				
		iara	Liek	f a member of	r authorized re	presentative of	ı member		_