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27-JUL-6 PH 12: 22

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JOSEPH CORSINO		
		Name of Person	
	SOULS REMEMBERED.	LLC	
	-	Firm/Company	
	3259 N.W. 47TH AVENU	n;	
	Name of Person SOULS REMEMBERED. LLC Firm/Company 3259 N.W. 47TH AVENUE Address COCONUT CREEK, FL 33063 City/State and Zip Code joe@soulsremembered.net E-mail address: (to be used for future annual report notification) n concerning this matter, please call: at (
	COCONUT CREEK, FL.	33063	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	infication)
For further information	concerning this matter, please c	all:	
JOSEPH CORSINO		954 954-2188 at ()	
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	·-	Certified Copy	Certificate of Status & Certified Copy
Mailing Addi Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327	Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANTE DESCRIPTION

21 JUL -6 PH12: 22

SOULS REMEMBERED, LLC

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

The Articles of Organization for this Limited L		/30/2020	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	of the limited liability company he	re:		
The new name must be distinguishable and contain the	vords "Limited Liability Company," the d	esignation "LLC" or the abbi	eviation "L.L.C."	
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:			<u>. </u>	
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	• •	ecords, <u>enter the name</u>	of the new registered	
New Registered Office Address:	3259 N.W. 47TH AVENUE			
new registered Office Address.	Enter Florida street address			
	COCONUT CREEK	, Florida _3300	53	
	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: Which of John Charles

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Add 24 JUL - 6 PH 12: 22	Type of Action
AMBR	LEONE, DEE-ANN	3111 N.E. 27TH AVENUE	□Add
		LIGHTHOUSE POINT, FL 33064	<u>≡</u> Remove
			□Change
			🗖 Add
			Remove
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record specifies	a delayed effectiv	e date, but no	t an effective	e time, at 12:1)1 a.m. on the c	arlier of: (b)	The 90th day	after the
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^		Signature of a	member or au	thorized repre	sentative of a me	nber	· · · · ·	

Filing Fee: \$25.00