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PICK-UP WAIT MAIL	
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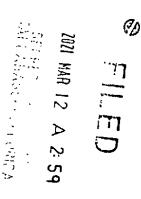
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S.C. 04/29/2021



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COVER LETTER

	Registration S Division of Co			
eun iec	Road Soup	o of Florida, LLC		
SUBJEC	1:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Scott J. Weiselberg		
			Name of Person	
		Kopelowitz Ostrow Fergu	son Weiselberg Gilbert	
			Firm/Company	·
		1 West Las Olas Blvd, Sui	ite 500	
			Address	
		Fort Lauderdale, FL 33022	21	
		weiselberg@kolawyers.com	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For furthe	r information o	concerning this matter, please c	all:	. T
Scott J. W	/eiselberg		954 525-4100	181 + 181 + 18
	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for t	he following amount:		LE A 2
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing disc. Certificate of status & Certified Copy (additional copy is enclosed)
R D	Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	orations
	allahassee, l			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Road Soup of Florida, 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 Liability Company were filed on 2/19/21 _ and assigned Florida document number 1.21000085328 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: (Principal office address MUST BE A STREET ADDRESS) 17501 Biscayne Blvd. Enter new mailing address, if applicable: Suite 300 (Mailing address MAY BE A POST OFFICE BOX) Aventura, FL 33160 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: New Registered Office Address: Enter Florida street address Florida City

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 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>	Name	Address	Type of Action
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