

L21000256SDS

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☐ PICK-UP

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(Business Entity Name)

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2021 OCT 21 PM 1:51

RECEIVED

2021 OCT 21 AM 11:26

STATE OF  
FLORIDA  
TALLAHASSEE, FLORIDA

Handwritten signature

OCT 22 2021  
I ALBRITTON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 152813 7504317

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : October 21, 2021

ORDER TIME : 8:57 AM

ORDER NO. : 152813-005

CUSTOMER NO: 7504317

DOMESTIC AMENDMENT FILING

NAME: SOURZ COLLECTION, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER'S INITIALS:

*[Handwritten Initials]*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SOURZ COLLECTION, 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:

\_\_\_\_\_  
Name of Person  
  
Corporation Service Company  
\_\_\_\_\_  
Firm/Company  
  
1201 Hays Street  
\_\_\_\_\_  
Address  
  
Tallahassee, FL 32301  
\_\_\_\_\_  
City/State and Zip Code  
  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Salvador F. Rovira \_\_\_\_\_ at ( 407 ) 815-7377  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SOURZ COLLECTION, LLC

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

2021 OCT 21 PM 1:51

The Articles of Organization for this Limited Liability Company were filed on 06/02/2021 and assigned Florida document number L21000256808.

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)

SOURZ COLLECTION, LLC

10411 Moss Park Rd.

Orlando, FL 32832

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SOURZ COLLECTION, LLC

10411 Moss Park Rd.

Orlando, FL 32832

**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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

*Enter Florida street address*

Tallahassee

Florida

32301

*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.*

*Alexis Weibnd, assistant va president*

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MINERVA LUNA	6982 Lake Nona Blvd., Apt. 606	<input type="checkbox"/> Add
		Orlando, FL 32827-789	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JARIVETTE MORALES	6982 Lake Nona Blvd., Apt. 606	<input type="checkbox"/> Add
		Orlando, FL 32827-789	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal black lines across its entire width. The margins are uniform on all sides. There is no handwriting, printed text, or other markings present on the page.

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Typed or printed name of signee

**Filing Fee: \$25.00**