(Rec	questor's Name)	
(IXC)	questor s riame)	
	d	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
	siness Entity Nam	<u></u>
(54)	onicoo Enni, ran	,
(D00	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filina Officer:	
	3	

Office Use Only



300379197993

2022 JAN 28 AM II: 35

RECEIVED

Y SULKER JAN 3 1 2022

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

1110110. 030 030 1300	
ACCOUNT NO. :	12000000195
REFERENCE :	436765 7504317
AUTHORIZATION :	Spull de vi
COST LIMIT :	(\$^2.5′. 00
ORDER DATE : January 26, 2022	
ORDER TIME : 9:46 AM	
ORDER NO. : 436765-005	
CUSTOMER NO: 7504317	
DOMESTIC AMEN NAME: SOURZ COLLECTION	
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORP	ORATION
PLEASE RETURN THE FOLLOWING AS PR	OOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STAND	ING

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

SUBJECT: Sour	z Collection, L	LC	
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following: Name of Person		
		Firm/Company	
	1201 Hays \$	Street	
		Address	
	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) information concerning this matter, please call: ador F. Rovira Name of Person at (407) Name of Person at (407) Daytime Telephone Number s a check for the following amount: Filing Fee		
Paul Carlanda Carragian		·	(Hication)
	-		7077
Salvador F	. Rovira		
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			etion
_			
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monre	Tallahassee be Street, Suite 810
i allaliassee, l	۲۱ ليدر دا	49 LU IN, IVIUIII	n outer, oute 010

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sourz Collection, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	6900 Tavistock Lakes Blvd.			
(Principal office address MUST BE A STREET ADDRESS)	Suite 400 - #157			
	Orlando, FL 32827			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6900 Tavistock Lakes Blvd. Suite 400 - #157			
	Orlando, FL 32827			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered			
Name of New Registered Agent:				
New Registered Office Address:	Emer Florida street address Florida City Florida			
New Registered Agent's Signature, if changing Registered Agent:	THE W			
	1.1			

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>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			\ \ \ \ _Add
			□Change
			🗂 Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			\Add
		<u> </u>	□Remove
			□Change

			· -	
-		<u> </u>	<u> </u>	
	_			
				
			···	
	_			<u>.</u>
fective date, if other than the date in effective date is listed, the date must be spate: If the date inserted in this block discument's effective date on the Departit	secific and cannot be prior to oes not meet the applications.			
ecord specifies a delayed effective date is filed.			earlier of: (b) The 90th day	after the
January 27	2022	_·		
	3			
Signa	ture of a member or autho	rized representative of a mo	ember	

Filing Fee: \$25.00