L21 000 335930

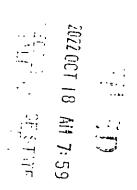
(Re	questor's Name)	
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Special Instructions to	Filina Officer:	
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A. BUTLER
JAN 1 2 2023

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	Insignia Cry			
Name of Limited Liability Company				
The enclosed	d Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		Nathalie Pena		
			Name of Person	
			Firm/Company	
		20222 NW 52ND PL		
			Address	
		Miami Gardens FL 33055		
		soulyoftheearth@outlook.co		
		E-mail address: (t	to be used for future annual re	port notification)
For further i	nformation co	oncerning this matter, please ca	all:	
Nathalic Per	na		786 2608 at ()	
	Name of	f Person	Area Code	Daytime Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	rung Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional wopy is make	Certificate of Status &

TO:

Registration Section

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

Insignia Crystals LLC

2022 OCT 18 AH 7:50

(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	y Company were filed on 07/23/2021	and assigned
Florida document number L21000335930	 :	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
Souly of the Earth LLC		
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	
Enter new mailing address, if applicable:		··· ···
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registe	ered office address on our records, enter the	he name of the new registered
agent and/or the new registered office address her	<u>'c</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
	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 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
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
	·		□Add
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			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: (optional)					····
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	Dated October 10th	2022	·		
		\sim 2			
Nathalia Pena		Signature of a member or at	ithorized representat	ve of a member	·
ACRESTIC PROS	Markett's D				

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Filing Fee: \$25.00