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T. MATTHEWS FEB 17 2022

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Suitable Soles 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:
Amyeric Gooden Name of Person
Suitable Soles LLC
18232 NW 27th Ave #165
Miami Gardens FL 33056 City/State and Zip Code
Suitable Soles Luc a grad Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a cheek for the following amount:
S25.00 Filing Fee Scrifficate of Status Certificate of Status Cert
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suitable Sol	es <u>L</u>	LC		<u>-7 - F</u> JH2: 24
(Name of the Limited	Liability Compa Florida Limited l	ny as it now appears on liability Company)	our records,)	
The Articles of Organization for this Limited Liab	oility Company) 552, T	were filed on 9	13 2021	_ and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the design	ration "LLC" or the abbre	eviation "L.L.C.
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office : <u>here</u> :	address on our reco	rds, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:				
New Registered Office Address:	1823	Enter Florida :		
	Miam	Garder	7 <u>5</u> , Florida <u>3</u>	3056 Zup Code
New Registered Agent's Signature, if changing Re	gistered Agent	į.		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re	r and complete tered agent as	e performance of my provided for in Cha	pter 605, F.S. Or, if	this document is

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Sharon Godlen	18232 NW 27th AV	<u>e</u> □Add
		# 165	□ Remove
		Miami Bardens, FC. 330	6 th Change
MGR	Amyeric Goden	18232 NW 27th A	<u>Y</u> C _{□Add}
	,	#165	□Remove
		Miami Gardons Fl 3305	56 GChange
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			ПРеточе
			□Change
			□Add
			Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
(If an et	tive date, if other than the date of filing: [coptional] Tective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 iled.
Dated	January 28th . 2022.
	Signature of a member or authorized representative of a member
	Amueric Garlen
	Typed or printed name of signee

Filing Fee: \$25.00