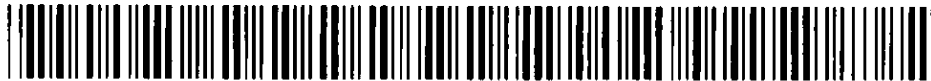


L21000412263

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000070782 3)))



H230000707323ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AMERICA COMPANY FORMATION & MANAGEMENT INC
Account Number : I20180000071
Phone : (239)214-8992
Fax Number : (786)460-8863

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@company-usa.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOULHOMES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2023 FEB 23 PM 1:03

2023 FEB 23 PM 1:03

COVER LETTER
H23000070782 3

TO: Registration Section
Division of Corporations

SUBJECT: Soulhomes

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:

Michael Rau

Name of Person

AMERICA COMPANY FORMATION & MANAGEMENT INC E

Firm/Company

1217 CAPE CORAL PKWY 136

Address

CAPE CORAL, FL 33904

City/State and Zip Code

info@company-usa.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Rau

239 2148892
at ()

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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 H23000070782 3
TO
ARTICLES OF ORGANIZATION
OF

Southern 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 09/17/21 and assigned
 Florida document number L21000412263

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NO NAME 25 LLC

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:

1217 CAPE CORAL PKWY E SUITE 136 CAPE CORAL, FL

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1217 CAPE CORAL PKWY E SUITE 136 CAPE CORAL, FL

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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 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>
MBR	NO NAME 24 LLC	1217 CAPE CORAL PKWY E SUITE 136 CAPE COF	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	EBNER, STEFAN	3401 N. MIAMI AVE. STE 230 MIAMI, FL 33127	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

(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

Dated 02/23/ 2023

1952

Signature of a member or authorized representative of a member

Michael Rau

Typed or printed name of signee

Filing Fee: \$25.00