

L21 000 513327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

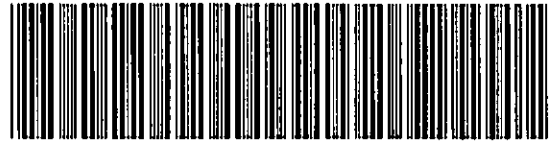
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300393697613

LLC N/C & Amend

09/07/22--01003--004 **25.00

2022 SEP -7 PM 12 22

FILED

A. RAMSEY
DEC - 5 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soul Centered FL, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following

Carmen D. Ortiz

Name of Person

Soul Centered FL, LLC

Firm/Company

66 West Flagler Street, Suite 900

Address

Miami, Florida 33130

City, State and Zip Code

academiacoinintegral@gmail.com

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

For further information concerning this matter, please call

Carmen D. Ortiz

352 669-8055

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 SEP -7 PM 12 22

Soul Centered FL, 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 December 3rd, 2021 and assigned
Florida document number 121000513327

This amendment is submitted to amend the following

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

Transcendent Financial Planning, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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

4

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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

ARTICLE III - Purpose of LLC

To transform the economic paradigm through our proprietary, self directed Transcendent Financial Planning System. Our System is learned and applied inside a private community of conscious adults awakening to Unity Consciousness and committed to co-creating a new planet that works for all.

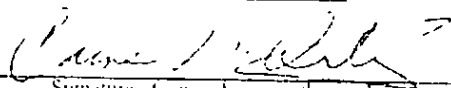
E. Effective date, if other than the date of filing: _____ (optional)

(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 (207) (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 30th, 2022



Signature of a member or authorized representative of a member

Carmen D. Ortiz

Typed or printed name of signer

Filing Fee: \$25.00