# 122000121845

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
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T. MATTHEWS



RECEIVED

FLORIDA DEPARTMENT OF STATE Division of C

Division of Corporations SECRETAIN OF STATE TALLAHASSEE, FL

Letter Number: 922A00009045

April 18, 2022

MATT GRIGLOCK 11800 NW 27TH STREET PALNTATION, FL 33323

SUBJECT: SOUTHERN SOUL DANCING, LLC

Ref. Number: L22000121845

We have received your document for SOUTHERN SOUL DANCING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

# **COVER LETTER**

O: Registration Section Division of Corporations	
JBJECT: SOUTHERN Soul Danied Liability Company	
ne enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Southern Soul Warring, We Firm/Company	
1800 NW Jth St. Address	
City/State and Zip Code  Stefant Vasturo ( Smal - Cm  E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Mathew Gholk at (74) 244-917   Name of Person Daytime Telephone Number	
nclosed is a check for the following amount:	
\$25.00 Filing Fee Solutional copy is enclosed Solutional copy is enclosed Solutional copy is enclosed Solutional 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

NN FILLIO SECRETARY OF STATE DIVISION OF CORPORATIONS

			3(1101411 =	
Southern	Sind	Dancina	122 MAY 16 A	<b>M 3: 3</b> 0
(Name of the Limite	d Liability Comp A Florida Limited	any as it now appears or Liability Company)	our records.)	
The Articles of Organization for this Limited Lie Florida document number LDDDDD	ability Company	were filed on	4606/11/	and assigned
This amendment is submitted to amend the follo				
A. If amending name, enter the new name of	the limited liab	pility company here:		
The new name must be distinguishable and contain the we	ords "Limited Liab	ility Company," the desig	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ıble:	<del> </del>	······································	<del> </del>
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	3 <i>0X</i> )			
B. If amending the registered agent and/or reagent and/or the new registered office addres		address on our reco	rds, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:	Ma	hu brig	OUC	
New Registered Office Address:		Enter Florida	street address	
			. Florida	
		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.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M62	Statenia Hars-Vasturo	11810 NW JAH St. Partation, 71. 33333	
			□Remove
		<u>.</u>	□Change
			🗆 Add
			□Remove
		<del>-</del>	□Change
			□Add
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			Remove
		_ <del>_</del>	□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:  (optional)  If an 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 0207  Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 ord is filed.  Dated  Signature of a member or authorized representative of a member		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:	<del></del>	
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Signature of a member or authorized representative of a member	Dated	
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, ~		Signature of a member or authorized representative of a member

Filing Fee: \$25.00