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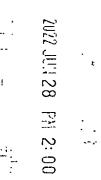
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COVER LETTER

Division of Corporation	s		
SUBJECT:	Of Sire	LLC rd Liability Company	
The enclosed Articles of Amendm	ent and fee(s) are subm	itted for filing.	
Please return all correspondence c	oncerning this matter to	the following:	
	David	L. Broome Name of Person	·
	5.1	es Of Sire L	LC
	9929	Moorings Drive	<u>-</u>
		Nille Florida City/State and Zip Code	
	5 i re 6 r 00 i E-mail address: (to	me a mail. Com be used for future annual report not	fication)
For further information concerning	g this matter, please call	l:	
David L. Broo	ml	at (<u>904</u>) <u>572</u> - Area Code Daytim	8445 e Telephone Number
Enclosed is a check for the follow	ing amount:		
	0.00 Filing Fee & Tertificate 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		Street Address: Registration Se	ction
Division of Corporat P.O. Box 6327	ions	Division of Cor The Centre of T	porations
1.O. DUA VJ47		THE CORRECTE	WITHIUM CO.

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Soles	Of Sire LLC 1022 3: 128 PH 2: 00
(Name of the Limited L (A F	iability Company as it now appears on our records.) forida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L 22000374701</u>	ity Company were filed on <u>June 16, 2022</u> and assigned
This amendment is submitted to amend the followin	ng:
A. If amending name, enter the new name of the	
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 A	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO)</u>	<u> </u>
B. If amending the registered agent and/or regis agent and/or the new registered office address be	stered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	9929 Moorings Drive Enter Florida street address
_	Jacksonville Florida 32257 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>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
			□Change
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			☐ Change
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n elle ite:	ve date, if other than the date of filing:
cord s file	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
ted _	June 24 2022.
	Duysome
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00