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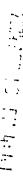
| (Danish da Nasa) | | | | |
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| (Requestor's Name) | | | | |
| (Address) | | | | |
| Address | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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04/18/24--01008--004 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

| SUBJECT: Connect to Create 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: Cristal Rodriguer Name of Person Firm/Company Subject to Create Name of Limited Liability Company Cristal Rodriguer Name of Person |
|---|
| Please return all correspondence concerning this matter to the following: Cristal Rodriguet Name of Person Firm/Company |
| Please return all correspondence concerning this matter to the following: Cristal Rodriguet Name of Person Firm/Company |
| Cristal Rodriquez Name of Person Firm/Company |
| Firm/Company |
| Firm/Company |
| Firm/Company |
| |
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| 5411 W 25 C+ ap+ 6 |
| SGII W 2S C+ ap+ G Address |
| Address |
| |
| Hialean FL 33016 City/State and Zip Code |
| City/State and Zip Code |
| E-mail address: (to be used for future annual peport notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Cristal Rodriguez 201 792 10039 |
| Cristal Rodriguet at (786) 747 6039 Name of Person Daytime Telephone Number |
| |
| Enclosed is a check for the following amount: |
| |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status |
| (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed) |
| (additipliar copy is chelosi |
| |
| Mailing Address: Street Address: |
| Registration Section Registration Section |
| Division of Corporations Division of Corporations |
| P.O. Box 6327 The Centre of Tallahassee |
| Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Connect | to Create | |
|---|---|---|
| (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 Lial Florida document number 92-181303 | | 2023 and assigned |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of to Soulcial Yoga | LLC | |
| The new name must be distinguishable and contain the wor | | of the abbreviation "L.L.C." |
| Enter new principal offices address, if applical | · | <u> </u> |
| (Principal office address MUST BE A STREET | ADDKESS) | - |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE B | ov: | |
| Maning mares, MAT BEAT OST OFFICE BO | | |
| B. If amending the registered agent and/or regagent and/or the new registered office address | | ne name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | |
| New Registered Agent's Signature, if changing Re | City | Zip Code |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this ch | agent and agree to act in this capacity. I furth and complete performance of my duties, and ered agent as provided for in Chapter 605, F. gistered office address, I hereby confirm that hange. | i am familiar with and S. Or, if this document is the limited liability |
| | If Changing Registered Agent, Signature of | New Registered Agent |

Page 1 of 3

| MGR = M | from our records: | | |
|-----------------------|------------------------------|----------------|-----------------------|
| AMBR = A <u>Title</u> | uthorized Member <u>Name</u> | <u>Address</u> | Type of Action |
| | | | □Add |
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Page 2 of 3

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if neo | essary.) |
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| (option of the control of the contro | ional) r filing.) Pursuant to 605.0207 (3) is date will not be listed as the |
| the record specifies a delayed effective date, but not an effective time, at 12:01 b) The 90th day after the record is filed. | a.m. on the earlier of: |
| Datad | |
| Dated | |
| Signature of a member or authorized representative of a member | |
| | |
| Cristal Rodrigue to | |
| Typed or printed name of signee | |

Page 3 of 3