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## **COVER LETTER**

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		RE SOCIETY LLC			
SUBJE	СТ:	Name of Lim	ited Liability Company		
The encl	lased Articles of	Amendment and fee(s) are sub	mitted for Olina		
			-		
Please p	aum an correspo	ndence concerning this matter	to the following:		
		PRISCILLA M. DELGAD	O		
			Name of Person		•
		MINIMALIST MIND CO			. 2
			Firm/Company		SECRET SECRET POLY ISLOS OF 2023 OCT
	8266 MILLS DRIVE, #836735				007 -
			Address		FILED TARY O
		MIAMI, FLORIDA 33283			PH 3:
			City/State and Zip Code		61: SKOU
		info@minimalistmindco.co			<b>9</b> 75
<b>.</b>			to be used for future annual report	notification)	
For turth	er information co	oncerning this matter, please ca	ıll:		
PRISCI	LLA M. DELGA	DO	305 354-677	3	
	Name of	Person		ytime Telephone Number	_
Enclosed	l is a check for th	ne 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 For Certificate of Strate Copy (additional copy is	Status &
	Mailing Addres Registration S		<u>Street Addres:</u> Registration		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

THE SOBRE SOCIETY 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 03/13/2023 and assigned Florida document number L23000129717 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MINIMALIST MIND CO. LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

## 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.

Cin

, Florida

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
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Ie: If the date inserted in this bloc	k does not meet the applicable statute	ling or more than 90 days after tiling.) Pursual ory filing requirements, this date will not	nt to 605.020 t be listed a
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