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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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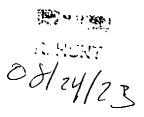
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COVER LETTER

TO:	Registration Sec		*	d	
	_	BODY SOUL LLC		•	
SUBJE			ited Liability Company		
		Name of Sini	ned Blacking Company		
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspor	ndence concerning this matter	to the following:		
			MARIA L NARRACCI		
			Name of Person		
			Firm/Company		
			7955 NW 8TH ST		20:
			Address		?3 A:
			MARGATE FLORIDA 33063		2023 AUG 24 PH 12: 40
			City/State and Zip Code		70
			SSOCIATESERVICES@GMAIL.CO to be used for future annual report notifice		H 12:
For furt	ner information co	oncerning this matter, please ca	•		0 4
MARIA	L NARRACCI		786 2866255 at ()		
	Name of	Person		elephone Number	
Enclose	d is a check for th	e 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 S		Street Address: Registration Secti	on	
	Division of C		Division of Come		

Registration Section
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

ARCANA BODY SOUL LLC			
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appear liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	03/17/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	llity company he	ere:	
ARCANAS BODY SOUL LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			22 0
(Principal office address MUST BE A STREET ADDRESS)	 : -		viš.)23 .
			AUG.
			24 24
Enter new mailing address, if applicable:			P
(Mailing address MAY BE A POST OFFICE BOX)			7. 2. 2. 2.
(Maining university of the BOA)			<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our r	ecords, <u>enter the na</u>	me of the new registere
New Registered Office Address:			
	Enter Flor	rida street address	
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New Registered Agent

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
			□Add
			□Remove
			Change
			□Add
			Remove
			2023 AUG 24
			□Add 2 PH □Remove
			□Change
			□Add
			□ Remove
			□Change
		·-	
			□Remove
			□Change
			□Add
			□Remove
			□Change

ORIGINALLY THE NAME WAS MISSPELLED, THE CORRECT NAME FOR	THIS COMPANY IS					
ARCANAS BODY SOUL LLC, PLEASE IF YOU COULD HELP ME WITH TH	IS MATTER.					
ALSO , THE REGISTER AGENT'S LAST NAME WAS MISSPELLED,						
THE CORRECT NAME OF THE REGISTER AGENT IS MARIA L, NARRACC	ZI					
····						
	-T					
tive date, if other than the date of filing:	(optional)					
effective date is listed, the date must be specific and cannot be prior to date of filing or more than: If the date inserted in this block does not meet the applicable statutory filing requiment's effective date on the Department of State's records.	n 90 days after filing.) Pursuant to 605 rements, this date will not be list					
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the effect.	earlier of: (b) The 90th day afte					
d, 2023						

Filing Fee: \$25.00

Typed or printed name of signee