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2024 H.D. -6 P.H. 5: 45

COVER LETTER

TO:	Registration Sec Division of Corp			
CHELL		Olde Soul. LLC		
Name of Limited Liability 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:	
		Teresa A. Applegate		
			Name of Person	
		Curating An Olde Soul		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		3017 West Ginger Ct		
		*** -	Address	
		St. Johns, FL 32259		
			City/State and Zip Code	
		tappleg@gmail.com		
		E-mail address: (i	o be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all:	
Teresa .	A. Applegate		904 826-6955	
	Name of	Person	at () Area Code Daytimo	: Telephone 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Curating An Olde Soul, LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as It now appears on out a Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability (Company were filed on May 25, 2	2023	and assigned
Florida document number L23000256845	 .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
An Olde Soul, LLC			
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designati	ion "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			20
(Principal office address MUST BE A STREET ADD	RESS)		24.5
			.0
			Ω
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			र्या ,
		•	<u></u>
B. If amending the registered agent and/or regi		records, enter the	e name of the ne
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida stre	vet 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.

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
		 	□ Change
			Add
			☐ Remove
			☐ Change
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ctive date, if other than the deffective date is listed, the date must be	ate of filing:	·	(optional)	
effective date is listed, the date must be If the date inserted in this blocument's effective date on the Dep	k does not meet the applic	able statutory filing rec	an 90 days after filing.) Pur uirements, this date will	suant to 605.0 not be listed
ecord specifies a delayed on the second specifies and delayed on the second sec		t an effective time	, at 12:01 a.m. on [,]	the earlier
March 2	2024			
	<i>F</i> ^	and		
	~ ~ ~ ~ (d.	and I		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00