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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

the email address for this business entity to be used for future Ampual report mailings. Enter only one email address please.**

.......

EFLLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SOULY UNIQUE LLC**

Certificate of Status	0
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T. LEMIEUX

JUN 2 7 2023

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Souly Unique 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 $\frac{05/30/23}{}$ and assigned Florida document number ______ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: \mathcal{V} S 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, 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
AMBR	Rachel Davis	7901 4th St N STE 300	X/Add
		St. Petersburg, FL 33702	
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			DChange
			□Add
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			□Change
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			□Remove
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			□ Change

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ective date, if other than the effective date is listed, the date in this interest in this imment's effective date on the	plock does not meet the applic	able statutory filing req	(optional) Jan 90 days after filing.) Pursuant to uirements, this date will not be	605.020° listed as
cord specifies a delayed effect s filed.	ve date, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) The 90th day	after the
2 004	2002			
ed		 •		
ed June 26th	- 2023 - mith	······································		_
ed June 26th	Signature of a member or auth	orized representative of a	member	_

Filing Fee: \$25.00