

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1124000227340 3)))



H240002273403ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : 120230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

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

STATE STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOULREB LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

JUL 0.8 2024

,

COVER LETTER

etion porations		
Name of Lin	nicel Liability Company	_
Amendment and fee(s) are sub	omitted for filing.	
idence concerning this matter	to the following:	
Jonathan Taboada		
	Name of Person	
ZenBusiness INC		
,	Firm/Company	
336 E. College Ave Suite	301	
	Address	
Tallahassee, FL 32301		
	City/State and Zip Code	
		··-
	844 493-6249	
Person	at ()	aber
c following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed: Certificational copy is enclosed: Certificational copy is enclosed: Certificational copy is enclosed: Certification control control certification control certification control certification control certification control certification	Filing Fee, leate of Status & led Copy mal copy is enclosed)
i ection	StreetAddress: Registration Section	
orporations	Division of Corporations	
		. 91/1
	Name of Lin Name of Lin Amendment and fee(s) are subsidence concerning this matter Jonathan Taboada ZenBusiness INC 336 E. College Ave Suite Tallahassee, FL 32301 fulfillment@zenbusiness.ec E-mail address: to sheeming this matter, please of sheeming this matter, please of Certificate of Status i ection	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Jonathan Taboada Name of Person ZenBusiness INC FinorCompany 336 E. College Ave Suite 301 Address Inflahassee, FL 32301 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) succerning this matter, please call: Person at (44

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Soulreb LLC		
(Name of the Limited Liability Comm (A Florida Limited	iny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000462874</u>	were filed on $\frac{07/02/2024}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited bah	ility company here:	
Paosperfood LLC		
The new name most be distinguishable and contain the words "Limited Liabi	hty Company," the designation?	T.L.C" or the abbreviation "L.L.C." - 💋
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		1
		m. Tri
Enter new mailing address, if applicable:	***************************************	
(Mailing address MAY BE A POST OFFICE BOX)	~	
		(7)
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>er</u>	iler the name of the new registere
New Registered Office Address:	Enter Florida street ac	ldress
		Florida
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie, provided for in Chapter 6	s, and Lam familiar with and 05, F.S. Or, if this document is
If Char	nging Registered Agent, Signat	are of New Registered Agent

To: Page: 4 of 5

MGR = Manager

2024-07-03 11:29:41 UTC+14

18506176383

From: ZenBusiness User

_____ D'Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

AMBR ≠	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			DAdd
			[]Remove
			□Change
	·····		□Add
			□Remove
			[] Change
			□Add
			□Remove
			□Change
	***************************************		🗀 Add
			□Remove

~:=:		
<u></u>		
	V-10-10-10-10-10-10-10-10-10-10-10-10-10-	
**-		MATERIAL MAT

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		
_		·····
ote: If	e date, if other than the date of filing: (o) tive dute is fisted, the date must be specific and cannot be prior to date of illing or more than 90 days a fithe date inserted in this block does not meet the applicable statutory filing requirements, int's effective date on the Department of State's records.	ptional) fler fiting.) Pursuant to 605.0207 this date will not be listed as
record (Lis filed	specifies a delayed offective date, but not an effective time, at $1200\mathrm{nm}$ on the earlier of d	(b) The 90th day after the
ated 0	7/02 2024	
•	**************************************	

Typed or printed name of signee