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COVER LETTER

Division of Cor	porations			
So St Louis SUBJECT:	LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Tashawn D Lanham			
		Name of Person	<u>. </u>	
		Firm/Company	.	
	1028 Coronado Drive			
	***	Address		
	Rockledge, FL 32955			
		City/State and Zip Code		
	sostlouis2024@gmail.com			
	E-mail address: (t	o be used for future annual re	port notification)	 _
For further information co	ncerning this matter, please ca	dl:		
Tashawn D Lanham		321 355-	\$454	
Name of	Person	at () Area Code	Daytime Telepho	ne Number
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	S30.00 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

124 MAR 19 PH 2: 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

So St Louis 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 February 15, 2024 ____ and assigned Florida document number L24000083099 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 "L.L.C." 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:

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 limitity company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

2: 20 STATE 3. FL 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>	Name	Address	Type of Action
MGR	Tashawn D Lanham	1028 Coronado Dr., Rockledge, Fl. 32955	_ = Add
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<u>te:</u> If the date inserted in this block	k does not meet the appli	icable statutory tilin	g requirements, this d	ate will not	be listed
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Filing Fee: \$25.00