L24000163942

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

Division of Cor					
Soul Shine SUBJECT:	Group LLC				
SUBJECT.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	amitted for filing			
		-			
r lease return an correspo	ondence concerning this matter	to the following:			
	Charles Davis				
		Name of Person			
		Firm/Company			
	4475 43rd Street South				
		Address			
	St Petersburg, Fl 33711				
	charley@crimpact.com	City/State and Zip Code		2024 JUL 10 PM 4: 5 SECRETARY OF STA TALLAHIASSEE, FI	•*** ;
	E-mail address: (to be used for future annual report notif	ication)		سيب فندو
For further information c	oncerning this matter, please c	all:		SYA COLOR	
Charles Davis		305 240-5134 at (SEE.	Ţ
Name o	f Person	Area Code Daytime	: Telephone Number	24 JUL 10 PH 4: 52 ECRETARY OF STATE TALLAHIASSEE, FL	1
Enclosed is a check for the	ne following amount:				
图 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	So0.00 Filing Certificate of Certified Co	of Status &	
	*		(additional cop		
Mailing Addres	is:	Street Address:			

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

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



June 13, 2024

CHARLES DAVIS 4475 43RD STREET SOUTH ST PETERSBURG, FL 33711

SUBJECT: SOUL SHINE GROUP LLC

Ref. Number: L24000163942

We have received your document for SOUL SHINE GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

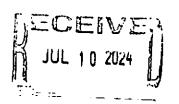
Please date the last page.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 924A00012917



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/X1				
(Name of the Limited) (A)	Liability Comp Florida Limited	any as it now appears on our Liability Company)	r records.)	 ,
The Articles of Organization for this Limited Liab	ility Company	y were filed on <u>04-05-24</u>		and assigned
Florida document number L24000163942	 .			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	ne limited liab	bility company here:		
The new name must be distinguishable and contain the word	ls "Limited Liab	ility Company," the designation	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicab	le:			
Principal office address MUST BE A STREET	<u>4DDRESS)</u>			
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u>	<u>)X)</u>	4475 43rd Street South St Petersburg, Fl 33711		SECRE
B. If amending the registered agent and/or registered affice address to the new registered office address to the new Registered Agent:	istered office <u>nere</u> :	address on our records.	enter the name	TAPOR OF STAT
New Registered Office Address:	4475 43rd Stre	et South		m
The magnifica Office Addices.		Enter Florida stree	t address	
	St Peterburg		, Florida ³³⁷¹	Ł
•	 	City		Zip Code

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
			Reggove 2024 JI
			2024 JUL 10 PM 4: 52 RESPECTATION AND STOTE TALE AND SEE, REL
			Change
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ective date, if other than the date of filing: offective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant-tiquete: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be be	2024 JUL
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ective date, if other than the date of filing: Offertive date is listed, the date must be specific and cannot be give to date of filing and cannot be give to date of filing.	
nument's effective data and the D	iste <u>d</u> as
cument's effective date on the Department of State's records.	: 52
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	
s filed.	iter inc
red 4/5/24	
Λ 0	
Way Jan	
Signature of a member or authorized representative of a member Charles Davis	

Filing Fee: \$25.00