

L24000270630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

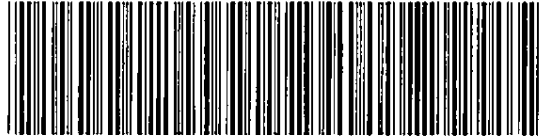
(Business Entity Name)

(Document Number)

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JANUARY 2005

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PATRICK  
NEALE  
ASSOCIATES  
Patrick H. Neale  
*Attorney at Law*

*Naples Office:*  
5470 Bryson Court Suite 103  
Naples, Florida 34109

October 31, 2024

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Celebrated Memories, LLC - L24000270630

Re: Sense and Soul LLC - L24000270592

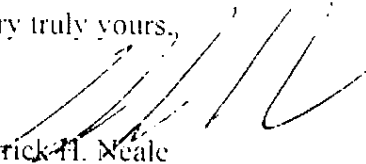
Dear Sir or Madam:

Enclosed herewith please find Two (2) Amendments to the Articles of Organization for each of the above entities, reflecting a change in mailing address for each LLC.

Also enclosed are two checks, each in the amount of \$55.00 representing the required fee.

Kindly process these Amendments, and if additional information is required, please contact our office.

Very truly yours,



Patrick H. Neale

PHN:jm

Enclosure – 2 checks \$55.00 each

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CELEBRATED MEMORIES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICK H. NEALE

\_\_\_\_\_  
Name of Person

PATRICK NEALE & ASSOCIATES

\_\_\_\_\_  
Firm/Company

5470 BRYSON COURT, SUITE 103

\_\_\_\_\_  
Address

NAPLES, FL 34109

\_\_\_\_\_  
City/State and Zip Code

office@patrickneale.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Neale

239 642-1485  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CELEBRATED MEMORIES 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 June 13, 2024 and assigned Florida document number L24000270630.

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)

1828 Kings Lake Boulevard, Unit 102  
Naples FL 34112

**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:

*Enter Florida street 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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 29 . 2024

Lara J. Murphy (Lally)  
Signature of a member or authorized representative of a member

Sarah J. Morgan Murphy

Typed or printed name of signee

**Filing Fee: \$25.00**