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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

: (323)962-8600

Fax Number : (323)389-0502

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUL REVIVAL LLC

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K. SALY

Nuy - 7 2024

From: James Wiseman

COVER LETTER

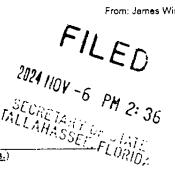
TO: Registration Se Division of Cor		
	EVIVAL LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Mike Town	
	Name of Person	
	Legalzoom.com, Inc.	
	Firm/Company	Fee.
	9900 Spectrum Dr	
	Address	
	Austin, TX 78717	
	City/State and Zip Code	
	regeneratewithraina@yahoo.com E-mail address: (to be used for future annual report notification)	
For further information co	concerning this matter, please call:	
Mike Town	800 773-0888 at ()	<u></u>
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for the	the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status	of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SOUL REVIVAL 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 $\frac{08/14/2024}{1}$ ____ and assigned Florida document number <u>L24000356378</u> 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: 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.

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

· Page: 5 of 6

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Raina Marie Pine	5401 SW 26th Ave., Cape Coral, FL	33914 ■ Add
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mending any other informat	tion, enter change(s) here: (Attach	additional sheets, if necessary.)	
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7.	A / 1 .		
Rainan	A Pina		
Raina 7	Signature of a member or authorized repres	sentative of a member	
Raina?	Signature of a member or authorized repres	sentative of a member	

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