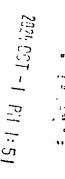
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Soulfood we	th TIC LLC	۵
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Tewana (Name of Person	
	Sour food	Name of Person WHATAC LAC Firm/Company	Y
	<u>612 85</u>	Address	
	Sanford f	City/State and Zip Code Shol (O a Mail. CSN) o be used for future annual report notif	
	+CWANAC h E-mail address: (t	Shol (O) A Mail. Cow o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ıll:	
TOWANU Ch Name o	ni Shoku f Person	at (221) <u>347</u> Area Code Daytime	4656 Telephone Number
Enclosed is a check for the	he 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

THE LLC			
ility Company as it now appears on ida Limited Liability Company)	our records.)		
Company were filed on	9/12/24	and as	signed
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red office address on our reco e:	rds, <u>enter the name o</u>	f the ne	w registered
			
Enter Florida	street address		
	, Florida		
City	,	Zip Code	
	Company were filed on	mited liability company here: imited Liability Company." the designation "LLC" or the abbrev DRESS) red office address on our records, enter the name of the street address Enter Florida street address Florida	Company were filed on

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 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	Qalid	Type of Action
<u>AMB</u> R	Name Tevana Chishulm	612 85th Ste	fla 32771	_ BAdd
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ited_	9-21-24
	Truck Gell
	Signature of a member or authorized representative of a member
	Frence Bell Event or printed name of signee