## L24000462232

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## **COVER LETTER**

	stration Section ion of Corporations
SUBJECT: _	Soul Sisters Creations LLC Name of Limited Liability Company
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
	Andrea Jerosch Name of Person
	Firm/Company
	100 Edgewatea Daive, apt. 335
	Copal Gables FL 33133  City/State and Zip Code  i eRosch - ARA legal & gmail. com  E-mail address! (to be used forpiture annual apport notification)
	E-mail address. (to be used for future annual proport notification)
For further int	ormation concerning this matter, please call:
Andr	Formation concerning this matter, please call:  at (305) 323-6247  Name of Person  Area Code  Daytime Telephone Number
Enclosed is a	check for the following amount:
\$25.00 Fi	$T^{*}$

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

Soul Sisters	s Creations LL	C
( <u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number 4 24004622	Company were filed on $\frac{10/3}{3}$	1/2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>_</del>
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SE 1
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		777
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, :	enter the name of the new registered
Name of New Registered Agent:		F24 5
New Registered Office Address:		
	Enter Florida street	address
	City	, Florida Zip Code
	Cuy	7.47 CARE

## 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	Type of Action
MBR	Andrea Jerosch	10 Edgewater DRive apt. 335 Conal Gables, FL 3313	XAdd
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		Conal GAbles, FL 3313	23 □Change
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			□Remove
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record specifies a delayed effective date is filed.	, but not	an e	enecuv	e time	, at 12;	OT a.m.	on the ea	ariier oi:	(0) 1	116 90	Jui da	y anter ti
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