P21000006954

| (Requ | uestor's Name) | |
|----------------------------|------------------------|-------------------------------|
| (Adda | ess) | |
| nbbA) | ess) | |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Doce | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | ling Officer: | |
| | | } |
| Spoke w | 8/19 Rosa Auth H | 1121. Marun ne Adaption |
| | Office Use Or | |



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AUG 19 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

| Division of Corpora | tions | | | |
|----------------------------|--|--|---|-------------|
| NAME OF CORPORA | rion: Soul Vib | er Inc | | |
| DOCUMENT NUMBER | R: P 210000 | 06954 | | |
| The enclosed Articles of . | Amendment and fee are su | binitted for filing. | | |
| Please return all correspo | ndence concerning this ma | tter to the following: | | |
| | • | _ | CUZHAN-HARIN | (Legal Nome |
| | 0 (1. | Name of Contact Perso | n | |
| | Joul Vil | ber Inc | | _ |
| | 9871 SUI | ber Inc Firm/ Company 12 th Texas | QE | |
| _ | | 11001433 | | ******* |
| | HIAHI FL | City/ State and Zip Coo | | |
| | | City/ State and Zip Coc | e | _ |
| | soul viber 1111 (| a gmail, eon | 7 | |
| | ri-man address, (to be us | sed for future annual repor | chouncadon) | |
| For further information co | oncerning this matter, pleas | se call: | | |
| ROSA M. GU | zman-HARIN | at (<i>305</i> | 305-4845 ode & Daytime Telephone Num | |
| Name of (| Contact Person | Area Co | ode & Daytime Telephone Num | ber |
| Enclosed is a check for th | e following amount made | payable to the Florida Dep | partment of State: | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Amend | <u>e Address</u> ment Section n of Corporations ox 6327 | Amen Divisi | Address dment Section on of Corporations centre of Tallahassee | |

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



June 7, 2021

ROSA GUZMAN MARIN 9871 SW 12TH TER MIAMI, FL 33174

SUBJECT: SOUL VIBER INC. Ref. Number: P21000006954

We have received your document for SOUL VIBER INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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

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

Letter Number: 021A00012297

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

Articles of Amendment

to

Articles of Incorporation

of

| Soul VIBE | RITNC |
|---|--|
| | y filed with the Florida Dept. of State) |
| P2100000695 | ⁻ 4 |
| | (Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) t |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 2 "chartered," "professional association," or the abbreviation "P.A." | ompany," or "incorporated" or the abbreviation "Corp.," |
| B. Enter new principal office address, if applicable: | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| | 6 |
| | 9 0 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2 33 |
| totaling univess play by ATOST OFFICE BOX | |
| | - |
| | |
| D. If amending the registered agent and/or registered office add- new registered agent and/or the new registered office address | |
| Name of New Registered Agent | |
| | |
| (Florida str | vet address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v | |
| | |
| Signature of New R | rgistered Agent, if changing |
| | es control of the con |

Check if applicable

LJ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title.

P = President; V = Vice President; \hat{T} = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: <u>N</u> Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------------------|--|---------|
| - | | | |
| X Remove | $\underline{\mathbf{Y}}$ | Mike Jones | |
| X Add | \underline{SV} | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | | Rosa Maria Gyzman KAR | M |
| Add Coesect | = 101 | Reflect name us stated or deriver license for stale | |
| Remove | | of Flurida | |
| 2) Change | (4)x | TROSIE) | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4)Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | or adding additional A onal sheets, if necessary |), (Be specific) | | | | |
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| f an amendi | nent provides for an e | vehange, reclassifi | cation, or cance | <u>llation of issued s</u> | shares, | |
| provisions f | or implementing the a | mendment if not c | ontained in the | <u>amendment itself</u> | <u>f:</u> | |
| (if not a | pplicable, indicate N/A) |) | | | | |
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| The date of each amendment(s) ac | loption: | , if other than the |
|---|--|---|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date |) |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requiremen partment of State's records. | ts, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were ado action was not required. | pted by the incorporators, or board of directors without shareh | older action and shareholder |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes cast for the air fficient for approval. | nendment(s) |
| | roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment | • 1 |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | | |
| · · · · · · · · · · · · · · · · · · · | (voting group) | |
| selected | rector, présidefit or other officer – if directors or officers have l, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary) | other court |
| | Rosa H. Guzman - H | arin |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |