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COVER LETTER

Division of Cor			
SURJECT: Ha	pit Toothpaste Name of Lin	L-L-	
3000ECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Z	Name of Person	
	Habit	Tooth paste LLC Firm/Company	
		Firm/Company	
	852 Bro	her Sound Park wa	y NW Apt 109
	Boca Rate	City/State and Zip Code	
	E-mail address: (to be used for future and all report no	Con lification)
For further information c	oncerning this matter, please c	all:	
Don	Rotelle	at (609) 369 Area Code Daytin	- 9787
Manic O	Freison	Area Code Dayun	ne Telephone Number
Enclosed is a check for th	ne following amount:		
M \$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

Habit Toothpute LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
1/1/-
The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned
Florida document number L L D D D D D D D D D D D D D D D D D
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Habit Products LLC
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)
P. If amonding the registered agent and/or registered affine allows as a second actual
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

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
			□Add
			Remove
		□Change	
			□Add
			□Remove
			Change
			□ Add
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		☐ Change	
			□Add
			□Remove
			□Change

Page 2 of 3

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•	
<u>Note:</u>	tive date, if other than the date of filing: Sandary 6 7072 (optional)
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	January 6th 7,027
Dated	
Dated	January 6th Zozz.
Dated	Signature of a member or authorized representative of a member