421000013392

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		5/19/21

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21 MAR 29 PH 12: 27

COVER LETTER

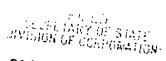
TO: Registration Section Division of Corporations	
SUBJECT: ESSence of my Yon; LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Tiphany Momas - Rolle Name of Person	
ESSENCE OF My Strill (
19100 NW 51 NVE Address	
MiGmi FL 33055 City/State and Zip Code	
Tiphan Hlomas Q aol . Com E-rhail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
12hany Thomas - Rolle at (305) 731 - 5327 Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
© \$25.00 Filing Fee	Status &
Mailing Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

FREEZE MMILLION' 11/



21 MAR 29 PH 12: 27

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
(A Fiorida Lamited E	nature Company)
The Articles of Organization for this Limited Liability Company	were filed on 1/4/21 and assigned
Florida document number <u>L21000013392</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name most be distinguishable and contain the words "Limited Liabili	lity Company," the designation "LLC" or the abbreviation "L.L.C."
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 a	address on our records, <u>enter the name of the new registered</u>
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

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UNISHER OF CORPORATION		
- UPVISION AFTER M. 9 1677		
The Court of the C		
. W. MARTHER INC.		

<u>Title</u>	<u>Name</u>	Address		21 H	NR 29	PH 12: 27	Type of Action
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	/	/	, Signature	o. u	or name repr	escinative of a fine.	iloci		

Filing Fee: \$25.00