

L14000160466

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000175997 3)))



H150001759973ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561) 694-8107  
Fax Number : (561) 694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AROMA360 LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

RECEIVED

15 JUL 20 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 21 2015

Y SULKER

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Aroma360 LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/14/2014 and assigned  
Florida document number L14000160466

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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 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

City

Florida

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>    | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|----------------|--------------------------|--|
| MBR          | Z9 Capital LLC | 999 Yamato Rd. Suite 101 | <input type="checkbox"/> Add               |
|              |                | Boca Raton FL 33431      | <input checked="" type="checkbox"/> Remove |
|              |                |                          | <input type="checkbox"/> Change            |
| MGR          | Elev8te LLC    | 999 Yamato Rd. Suite 101 | <input checked="" type="checkbox"/> Add    |
|              |                | Boca Raton FL 33431      | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |

RECEIVED  
JUL 20 2015  
AMERICAN  
ASSOCIATION  
OF STATE  
TREASURERS

FILED

THE  
LIBRARY OF THE  
UNITED STATES DEPARTMENT OF JUSTICE

2015 JUL 20 AM 6 44  
FBI  
RECEIVED  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535  
Pursuant to 603.0207 (3)(b),  
will not be listed as the

Dated July 20 2015

## Chad Gottlieb

**Page 3 of 3**

**Filing Fee: \$25.00**