# L04000002538

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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# **COVER LETTER**

Division of Cor			
SUBJECT: Street	ga Moon Cand	le LLC	
	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:	
	Lois Morin		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Strega Moo	n Candle LLC	
		Firm/Company	
	2818 Robine	ette Drive	
		Address	
	Orange Parl	k, FL 32073	
		City/State and Zip Code	
·	pouringcandles@	yahoo.com to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c		
Lois Morin		<sub>at</sub> 904 504-0	598
Name o	f Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2014 JAN 30 PH 1: 28

(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 1/06/2004 and assigned Florida document number L04000002538

This amendment is submitted to amend the following:

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

Pouring Candles LLC

The new name must be distinguishable and end with 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)

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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

Strega Moon Candle LLC

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

Enter Florida street address

, Florida

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			☐ Add
			□ Remove
<del></del>			
			□ Remove
			□ Add
			□ Remove
			Add
			☐ Remove
			<del></del>
			Add

If amending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
•	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date of t	receipt or filed date and cannot be more than 90 days after
Dated $1/24$ , $\delta$	2014.
Lais A. M	Nocin
Signature of a mem	ber or authorized representative of a member
Lois G Morin	
Typ	ed or printed name of signee

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Filing Fee: \$25.00

2014 July 30 PM To 2