## 105000044552

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D. SCOTT JAN 9 2017

## **COVER LETTER**

TO:		tion Section of Corporations	
SUBJI		n Scents LLC	
30.001		Name of Limited Liability Company	
The en	closed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please	return all co	orrespondence concerning this matter to the following:	
		Penelope Nowling	
		Name of Person	
		Green Scents LLC	
		Firm/Company	
		PO BOX 1022	
		Address	
		Indian Rocks Beach, Florida 33785	
		City/State and Zip Code	
		sales.plaquebuster@gmail.com	<b>≓</b>
		E-mail address: (to be used for future annual report notification)	留生力
For fur	ther informa	ation concerning this matter, please call:	調えて
Penelo	pe Nowling	g 727 459-0980 at ( )	2000 里 TE
	N	Name of Person Area Code Daytime Telephone Number	TILTED THE TE
Enclos	ed is a check	k for the following amount:	*
<b>\$</b> 2	5.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Co	of Status &

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 Tailahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN SCENTS LLC		
(Name of the Limited Liability (A Florida	Y Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/30/2005	and assigned
Florida document number L05000044552		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ed liability company here:	
PLAQUE BUSTER LLC		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ECC)	
The open office and ess most be mismatch mobile		······································
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		, , , , , , , , , , , , , , , , , , , ,
B. If amending the registered agent and/or registe	and office address on our records of	near this nation of the
egistered agent and/or the new registered office addr	ered office address on our records, <u>e</u> ess here:	1_0
	<del></del>	國皇卫
22. 22. 22.		· 克勒 · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		ES 2 U
New Registered Office Address:		1100
	Enter Florida street address	
	, Florid	ည်းက တ န
<del></del>	Cin	Zin 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 **Title** Name **Address Type of Action** □ Add \_□ Remove \_□ Change □ Add \_□ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add **⊞**,Remove □ Remove ☐ Change □ Add ☐ Remove □ Change

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an effective date is listed, the date must be loce: If the date inserted in this bloc	se specific and cannot be pro- ik does not meet the app	or to date of filing or mor licable statutory filing	e than 90 days after filit requirements, this da	ig.) Pursuant to 605.020 te will not be listed a
ocument's effective date on the Dep			, , , , , , , , , , , , , , , , , , , ,	124
e record specifies a delayed of The 90th day after the recor		not an effective tir	ne, at 12:01 a.m	
ated	2017	·		
$\bigcap$	and University	. Or		
- Phille	ignature of a member or au	therized representative of	a member	

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Filing Fee: \$25.00