

L070000033197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

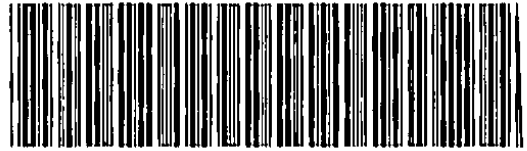
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NOV 28 2022

2022 11 28 10:00 AM

TO: Registration Section
Division of Corporations

ESSENCE OF HOME, LLC

SUBJECT: _____
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:

Madrie A. Sutherland

Name of Person

Essence Of Home, LLC

Firm/Company

388 La Mancha Avenue

Address

Royal Palm Beach, Florida 33412

City/State and Zip Code

madriesutherland@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madrie A. Sutherland

561

855-8186

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
AMBR	HILARY HERNANDEZ	388 La Mancha Avenue	<input type="checkbox"/> A
		Royal Palm Beach, FL 33411	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Ch
AMBR	ANDREA MARIE GRANT	205 Lake Susan Lane	<input type="checkbox"/> Ad
		West Palm Beach, FL 33411	<input checked="" type="checkbox"/> Ren
			<input type="checkbox"/> Chat
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remc
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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F. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00