# L07000097415

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# **COVER LETTER**

O: Registration Section's Division of Corporations
SUBJECT: Majestic Essence 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:
Volanda Blue
(Name of Person)  Majestic Essence LLC (Firm/Company)
7.0. Box 491022 (Address)
Ft. lawlerdale, F1 33349  (City/State and Zip Code)
For further information concerning this matter, please call:
Volanda Blue at (754) 368 - 2801 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Copy (additional cop

## 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**

SECRETARY OF STATE TALLAHASSEE FLORIDA

(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 Sept 24, 2007 and assigned
Florida document number L07000097415
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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  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:
(Emer 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mar MGRM = M	nager Ianaging Member	•	
<u>Title</u>	Name	Address	Type of Action
MGR	Jana Crarow	P.O. Box 491022 F. Lauderdale, F1 33349	AddRemove
	`		Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessa	OB MAR 28 PM 12: 19 SECRETARY OF STATE SECRETARY OF STATE
Dated Ma	Signature of a me	ember or authorized representative of a member	

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Filing Fee: \$25.00