## forida 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.

(((H11000055584 3)))



H110000555643ABC\$

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

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: CSH SERVICES, LLC Account Name

Account Number: I20070000160

: (800)494-3124

Fax Number

: (561)455-9885

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

Email	Address:			

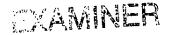
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OLUFINA CANDLE L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

MAR - 3 2011



H110000555843

## ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION **OF**

OLUFINA CANDLE L.L.C.				
(Name of the Limit	d Liability Company us it now appea A Plorida Limited Liability Company)	ers on our records.)		
The Articles of Organization for this Limited I	Liability Company were filed on 03	8/26/2008 and assigned		
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end w	ith the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation		
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	<u> ET ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX	SECRETARY OF ALLAHASSEE, F		
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on files address here:	our records, enter the seconds the		
Name of New Registered Agent:	QUIANA BELL			
New Registered Office Address: 6903 S DIXIE HIGHWAY				
	(E	nter Florida street address)		
	WEST PALM BEACH	, Florida 33405		
	(City)	(Zip Cude)		
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.

Page 1 of 2

H11000055584 3

(If Changing Registered Agent, Signature of New Registered Agent)

H1100055584.3.
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 = Manager MGRM = Managing Member Type of Action Address Title Name MGRM PATRICE WILLIAMS 6903 S DIXIE HIGHWAY **⊿** Add Remove WEST PALM BEACH FL 33405 6903 S DIXIE HIGHWAY m// Add QUIANA BELL MGRM WEST PALM BEACH FL 33405 Remove Add Remove Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February 28th Signature of a member or authorized representative of a member **QUIANA BELL** Typed or printed name of signee

Page 2 of 2