

LD8000109664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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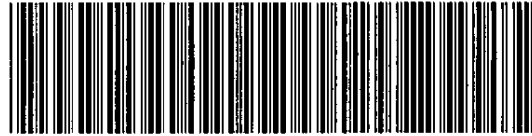
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AUG 25 2009

EXAMINER



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08/24/09--01012--017 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 24 AM 7:50

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **SCENTSATIONAL JOURNEYS 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:

BRENDA W PEEPLES

Name of Person

Firm/Company

11016 BUGGY WHIP DRIVE

Address

JACKSONVILLE, FL 32257

City/State and Zip Code

bwpeeples@gmail.com

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

For further information concerning this matter, please call:

BRENDA W PEEPLES

Name of Person

at (**904**)

403-9777

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SCENTSATIONAL JOURNEYS LLC

(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 11/26/2008 and assigned
Florida document number L08000109664.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11016 BUGGY WHIP DRIVE

JACKSONVILLE, FL 32257

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11016 BUGGY WHIP DRIVE

JACKSONVILLE, FL 32257

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:

BRENDA W PEEPLES

New Registered Office Address:

11016 BUGGY WHIP DRIVE

Enter Florida street address

JACKSONVILLE

, Florida

32257

City

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.

Brenda W Peeples
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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BRENDA W PEEPLES	11016 BUGGY WHIP DRIVE JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FRANK TEDESCO	3172 SERENA LANE #102 NAPLES, FL 34114	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SHELLY MAGUIRE	3172 SERENA LANE #102 NAPLES, FL 34114	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated AUGUST 21, 2009.



Signature of a member or authorized representative of a member

BRENDA W PEEPLES

Typed or printed name of signee