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(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 24 2014

CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AROMA BATH AND BODY "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:

CHARISSE LARA WILSON
Name of Person

CHARISSE L. WILSON
Firm/Company

6618 THACKSTON DR
Address

RIVERVIEW FL 33518
City/State and Zip Code

SHERY C TAMLINHOMES.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARISSE WILSON at (813) 477-9488
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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AROMA, BATH AND BODY "LLC"

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = 'Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
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			Add
			Remove

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 Add
 Remove
 Add
 Remove


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

MY BUSINESS HAS CHANGED I AM NO LONGER
DOING SALES OF SOAP, EMBROIDERY AND GIFT BASKETS
I AM GOING BACK INTO MY REAL ESTATE BUSINESS
THIS IS MY REASON FOR CHANGING THE NAME OF
MY "LLC" TO MY OWN PERSONAL NAME

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/20/2014, _____.



Signature of a member or authorized representative of a member
CHARIESE L. WILSON

Typed or printed name of signee

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TALLAHASSEE, FLORIDA