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B. BOSTICK 0CT 2 4 2014

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COVER LETTER

TO: Registration Section Division of Corpo		*		·	
SUBJECT: ARON	_	1004 "LLC"			
	Name of Limited	d Liability Company			
	nendment and fee(s) are submi	-			
r lease return an correspond	since concerning this matter to	the following.			
	CHARIE	SSE LARA WILSON Name of Person		_	
		Name of Person	· · · · · · · · · · · · · · · · · · ·	,	
	CHAR	SISSE L. WILSON			
		Firm/Company		•	
	6618 7	THACKSTON DR		,	
		Address			Carline.
	RIVERI	11EW FL 33578		BEGNETARY SEGNETARY SECHANOSE	ن معسد انفدار)
		City/State and Zip Code		· 经 22	2 6=0
	E-mail address: (to)	C TAMLINHOMES · NE . be used for future annual report notific	Zation)	A D D	
For further information cond	cerning this matter, please call:		,	0.57 0.57 0.57 0.57 0.57 0.57 0.57 0.57	
CHAR155E	WIL SON	at (<u>8/3</u>) <u>477</u> Area Code Daytime	9488		
Name of Po	erson	Area Code Daytime	Felephone Number		
Enclosed is a check for the f	ollowing amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

AROMA, BATH AND	o Baoy "LL	C^			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now Limited Liability Con	npany)	rs on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed	on	2/25/2010	a	nd assigned
Florida document number <u>L 100000 Z 1595</u>	<u>_</u> .		•		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability comp	any h	ere:		
CHARISSE L. WILSON 'LLC	h				
The new name must be distinguishable and end with the words "Lim	nited Liability Compar	ny," the	designation "LLC"	or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	ESS)			; m·4	
					LED OFFE
				127 279 127 129 127 129	
Enter new mailing address, if applicable:				<i>5</i> 33	2 5
(Mailing address MAY BE A POST OFFICE BOX)				M _{SQ}	
				<u> </u>	5
				25	ഗ്വ
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ess or	our records,	enter ^{>} the n	ame of the new
The state of the s					
Name of New Registered Agent:					
New Registered Office Address:	En	iter Flo	rida street address		
			. Flori	do	
	City		, 1 1011		Code
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performa ent as provided fo d office address, i	nce oj or in (I here	f my duties, and Chapter 605, F.S	I am familio S. Or, if this the limited i	ar with and document is liability

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

	<u>Name</u>	Address	Type of Act
			Add
			Remove
			Add
			Remove
			Add
			FRemove,
			Rēmove
			Property de la designation de la constantion de
			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
	MIJ BUSINESS HAS CHANGED I AM NO LONGER DOING SALES OF SOAP, EMBRUIDERY AND GIFT DASKETS
	I AM GOING BACK INTO MY REAL ESTATE BUSINESS
	THIS IS MY REASON FOR CHANGING THE NAME OF
	THIS IS MY BERSON FOR CHANGING THE NAME OF MY 'LLC" TO MY OWN PERSONAL NAME
E. E	
(T	ective date, if other than the date of filing:
С	ted
	When I
	Signature of a member or authorized representative of a member
	CHAISISSE L. WILSON Typed or printed name of signee
	Typed or printed name of signee
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	The second secon
	2014 OCT 22 SEGRETARY ALLABASSE
	\$550 22
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Page 3 of 3

Filing Fee: \$25.00