

L 1000005/308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

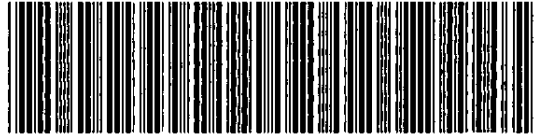
Special Instructions to Filing Officer:

A. LUNT

MAY 19 2010

EXAMINER

Office Use Only



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05/17/10--01032--010 **30.00

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2010 MAY 17 PM 1:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Law Offices of
BONNE Z. SCHEFLIN, P.A.

9000 Sheridan Street,
Suite #162
Pembroke Pines, Florida 33024

PHONE: (954) 862-2262
FAX: (954) 862-2263

E-MAIL: schefflinlaw@gmail.com
Over 20 Years Experience

May 14, 2010

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

Re: Articles of Amendment for SCENTLUXE, LLC

To Whom It May Concern:

Enclosed please find an Original and one copy of Articles of Amendment for the above LLC.

I have also enclosed Law Office Check #1020 in the sum of \$30.00 dollars payable to the Division of Corporations. Said check represents the fee for the Amendment, in addition to the Certificate of Status fee.

Further, there is a pre-paid Federal Express envelope enclosed for the return of the filed Amendment.

I appreciate you attention to this matter, and if you have any questions, please feel free to contact me at any time.

Very truly yours,


BONNE Z. SCHEFLIN, ESQUIRE

Cc: client

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SECOND CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ScentLuxE, 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:

Bonne Z. Schefflin, Esquire
Name of Person
The Law offices of Bonne Z. Schefflin, P.A.
Firm/Company
9000 Sheridan Street, Suite #162
Address
Pembroke Pines, Florida 33024
City/State and Zip Code
schefflinlaw@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Bonne Z. Schefflin, Esq. at (954) 862-2262
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SCENTLUXE, 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 May 12, 2010 and assigned
Florida document number L10000051308.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

Enter 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 = Manager
MGRM = Managing Member

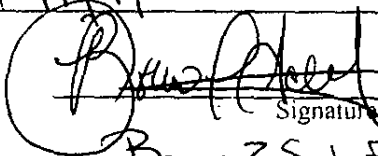
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BAJAJ, Tony	9000 Sheridan Street Suite # 162 Pembroke Pines, FL 33024	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BAJAJ, Arvinder	9000 Sheridan Street Suite # 162 Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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2010 MAY 17 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated May 14, 2010

 (For member)

Signature of a member or authorized representative of a member

Darne Z. Schefflin, Esq. (Attorney)

Typed or printed name of signee