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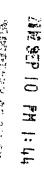
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EXAMINER



COVER LETTER

то:	Registration Se Division of Cor		
		Scalin	150150 0001 110
SUBJI	ECT:	Name of Limit	LENTS. COM, LLC Led Liability Company
		Name of Emili	Ed Elability Company
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.
		ondence concerning this matter	
		Rose	Rame of Person
		<u> </u>	CENTIMENTS. COM. UC Firm/Company V.NJ 165 Street
			Firm/Company
		1221 1	V.W 165 Street
			Address
		Micm	n PL 33169 City/State and Zip Code
		<u>rabaalo</u> D Cor E-mail address: (1	mrok trading. com to be used for future annual report notification)
For fu	rther information o	concerning this matter, please c	all:
	Roxendo	abdala	at (305) 594 4666 Area Code & Daytime Telephone Number
	Name o	of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for t	he following amount:	•
□\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy: (additional copy is enclosed)
Registration S Division of C P.O. Box 632		ING ADDRESS:	STREET/COURIER ADDRESS:
		on of Corporations	Registration Section Division of Corporations
		ox 6327 assee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
			Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCENTIME	NTS. CON	1,UC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears bility Company)	on our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on <u>O</u>	8/25/2011	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here	:		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compan	y," the designation "	LLC" or the ab	breviation
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)				
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on ou	ir records, <u>enter</u>	the name of	the new
Name of New Registered Agent:		 	and the same	
New Registered Office Address:	Ente	r Florida street ad	dress.	Harris San
	 City	, Florida	Zip Code	111
New Registered Agent's Signature, if changing Registered Agent:			3	
I hereby accept the appointment as registered agent and agree	to act in this cap	pacity. I further ag	gree to compl	y 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 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:

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MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> Type of Action Address 1221 N.W. 165 street ROBERT BACTLETT MGRM ☐ Add Remove ☐ Add ☐ Remove ☐ Remove Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member ANGSONA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00