# 112000045929

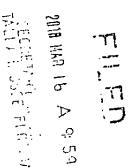
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D. SCOTT

# **COVER LETTER**

TO:		istration Section of Corp							
SUBJE	CT.	GIGI'S SCEN	NTS AND ACCESSOREIS, I	LLC					
SUBJE	CI.								
The enc	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please re	eturn	all correspond	dence concerning this matter	to the following:					
			GENEVIEVE D. LATHA	M					
				Name of Person					
	GIGI'S SCENTS AND ACCESSORIES								
			221 DRIGGS DRIVE #450	65					
			cation)						
			City/State and Zip Code GIGISSCENTS@GMAIL.COM						
For furth	ner in	formation cor	ncerning this matter, please ca	all:					
GENEVIEVE LATHAM				407 280-2438 at ( )	Ci. U				
		Name of F	Person		Telephone Number				
Enclosed	d is a	check for the	following amount:						
<b>■ \$2</b> 5.	.00 Fi	iling 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

GIGI'S SCENTS AND ACCESSORIES, 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 MARCH 1, 2018 and assigned Florida document number L12000045929 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GIGI'S SCENTS AND SUDS LLC The new name must be distinguishable and contain 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) 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: ال Name of New Registered Agent: New Registered Office Address: Enter Florida street address

### 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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member							
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Typed or printed name of signee

Filing Fee: \$25.00