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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. PRATHEE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WASHBURN SOAP COMPANY 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:

JAMES S. SPELL

Name of Person

WASHBURN SOAP COMPANY

Firm/Company

414 54TH STREET

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

SCOTTSPELL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES S. SPELL

561 797-8321

at (_____) _____

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**

WASHBURNE SOAP COMPANY 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 12/24/2012

Florida document number L12000159790

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WASHBURNE BRANDS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

414 54TH STREET #2

(Principal office address MUST BE A STREET ADDRESS)

WEST PALM BEACH FL 33407

Enter new mailing address, if applicable:

414 54TH STREET #2

(Mailing address MAY BE A POST OFFICE BOX)

WEST PALM BEACH FL 33407

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

Florida

City

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 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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JAMES S. SPELL	414 54TH STREET, WEST PALM BEACH FL 33407	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SCOTT S. SPELL	414 54TH STREET, WEST PALM BEACH FL 33407	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRYCE MALLARE	700 EMBASSY DR #407, WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The purpose of this filing is three-fold:

1) change the name of the organization

2) add Bryce Mallare as an authorized member, and

3) correct the name of the founding member from "Scott S Spell" to "James S Spell".

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

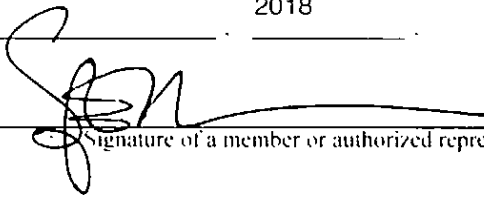
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 29TH 2018



Signature of a member or authorized representative of a member

JAMES S. SPELL

Typed or printed name of signee

FILED
18 SEP 10 PM 5:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA