## 113000032489

(Re	equestor's Name)	
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T. Punt APR ... 6 2015

## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: The	Montague Name of Limit	Candle Company	ciny LLC
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	<u> </u>	na Nexardel Name of Person	<u>,                                      </u>
		Firm/Company	
	<u>530 M</u>	1 W 89 Terror	<u>e</u>
	Pemb	roke Pines FL City/State and Zip Code	<u> 33024</u>
-		yahoo. Como be used for future annual report notifica	ation)
For further information conc	erning this matter, please ca	11:	
Dana Ala Name of Pe	exander		- 8033 elephone 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)	□ \$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

1 he Montague  (Name of the Limited Liab	Cardle Company as it now appears by on	ny LC
(A Flori	ility Company as it now appears on or da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L130000324</u>	Company were filed on <u>63</u>	5-01-2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line.  The Montague, Com	mited liability company here:	
The new name must be distinguishable and end with the words "	Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	15 ALL
	·	\$25 <b>5</b>
Enter new mailing address, if applicable:		Miles and States
(Mailing address MAY BE A POST OFFICE BOX)	**************************************	
(intuining unit cos intil DE AT COST OF THEE BOA)	<del></del>	RAIDS 8
	bertet was the second desired to the second	<del>\</del> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	,	
	Enter Florida stre	eet 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<del></del>	□ Remove
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Page 3 of 3

Filing Fee: \$25.00