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SECRETARY OF STATE
TALLAHASSEE FLORISE

COVER LETTER

SUBJECT: Quintessentials 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: MATTHA E. Buxton Name of Person Quintessentials LLC Firm/Company 799 10th Street NE Address Winter Haven F1 33881-4220 City/State and Zip Code Jountessentials LLC City/State and Zip Code	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MArtha E. Buxton Name of Person Quintessentials LLC Firm/Company 799 10th Street NE Address	
Please return all correspondence concerning this matter to the following: MATHA E. Buxton Name of Person Quintessentials LLC Firm/Company 799 10th Street NE Address	
Please return all correspondence concerning this matter to the following: MATHA E. Buxton Name of Person Quintessentials LLC Firm/Company 799 10th Street NE Address	
Martha E. Buxton Name of Person Quintessentials LLC Firm/Company 799 10th Street NE Address	
Quintessentials LLC Firm/Company 799 10th Street NE Address	
Quintessentials LLC Firm/Company 799 10th Street NE Address	
Quintessentials LLC Firm/Company 799 10th Street NE Address	
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Address Winter HAven F1 33881-4220 City/State and Zip Code Jbuxton 5 @ Tampa Bay. RR. Com E-mail address: (to be used for future annual report notification)	i
Address Address Whater Haven F1 33881-4220 City/State and Zip Code Abuxton 5 @ Tampa Bay, RR. Com E-mail address: (to be used for future annual report notification)	ı
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For further information concerning this matter, please call:	
To faither information concerning and matter, piease can.	
Name of Person at (727) 776-7181 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Solve Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

Quintessentials	LLC
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	PRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regired agent and/or the new registered office address and the new registered office address.	istered office address on our records, enter the name of the neddress here:
Name of New Registered Agent:	
New Registered Office Address:	. Enter Florida street address
	, Florida
e, alders mark	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>	Name	Address	Type of Action
MGR	Douglas B. Buxton	799 10th Street NE	⊠ Add
		Winter Haven, F1 33881	□ Remove
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Filing Fee: \$25.00