

L13000121231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC - 5 2013

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Scents of Florida  
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:

ADRIANA PEREZ

Name of Person

Scents of Florida

Firm/Company

9380 North West 100th Street

Address

Melley FL 33178

City/State and Zip Code

adriana@scentsofflorida.com

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

For further information concerning this matter, please call:

Adriana Perez

Name of Person

at 1-(855) 723 6870

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

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records.)

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

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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:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM.	Nelson Corrie	1890 Silverbell Ter	Add
		Weston FL 33327	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

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

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Dated November 18 2013



Signature of a member or authorized representative of a member

Juan Domingo Corbero

Typed or printed name of signee

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Filing Fee: \$25.00