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13 NOV 25 PH 3: 36

SECRETARY OF STATE
ALL AHASSEE FINE

DEC - 5 2013 T. BROWN

## **CÓVER LETTER** Registration Section TÒ: **Division of Corporations** 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: PEREZ. Name of Person adriana @ scents of Florian. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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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

### ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF OF	RGANIZATION ///
OF	13 NOV 3- ED
(Name of the Limited Liability Company (A Florida Limited Lia	v as it now appears on our records.) Seath o
The Articles of Organization for this Limited Liability Company v	ORIDA
Florida document number <u>L13000141 231</u> .	were fried on and assigned
Torida document number L19900141351	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u>	<u>lity company here</u> :
The new name must be distinguishable and end with the words "Limite L.L.C."	ed Liability Company," the designation "LLC" or the abbrevia
Enter new principal offices address, if applicable:	9880-9390 NW 100#87.
Principal office address MUST BE A STREET ADDRESS)	MEDLEY - FL - 33178
	<del></del>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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 608, 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

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Address</u> **Type of Action** Name | Nelson Conve 1890 squerbell terr Weston FL 33327 Remove Add Remove Add Remove Add Remove Add Remove Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	1	
Date	November 18 2013	
	Mult VIII	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

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Filing Fee: \$25.00