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SECKENASSEE FLORID

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T. HAMPTON

COVER LETTER

SUBJECT:	13 Wax, LL	<u>C</u>		
	Name of Limit	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspon	dence concerning this matter to	o the following:		
•	_	J		
	Rachel M			_
	·	Name of Person		
	Oil of Wax	, LLC		_
		Firm/Company		
	1614 High	land bunes	: Way	-
	Fernandina rachel @ o E-mail address: (10	a Beach, Fr	. 32034	-
		City/State and Zip Code	J	
	rachel @ o	11 and wax.	Com	
	E-mail address: (to	be used for future annual r	eport notification)	
For further information con	ncerning this matter, please cal	n:		
Rachel 1	Muller	at (904)	550 - 2369 Daytime Telephone Numbe	
Name of	Person	Area Code	Daytime Telephone Numbe	г
Enclosed is a check for the	following amount			
14	•	FIREFORDY B O	5 *<0.00 F	T 70
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifications Certified	ate of Status &

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

Oil & Wax	i, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 1 13 15 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1614 Highland Dunes Way		
(Principal office address MUST BE A STREET ADDRESS)	Fernandina Beach, FL 32034		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1614 Highland Dunes Way Fernandina Beach, Fr 37034		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:			
New Registered Office Address:	·		
New Augistered Office Address.	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code		
I hereby accept the appointment as registered agent and agrouped provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
II Chai	ging Registered Agent, Signature of New Registered Agent		

Page 1 of 3

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			ALCHANGE Change
			To Change To Cha
			PALOS TAT Remove
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