

L1400000 34/99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

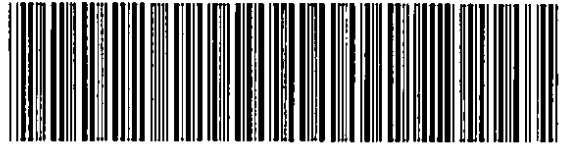
(Business Entity Name)

(Document Number)

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9/28/20 ✓

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PURE AROMA HEALTH 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:

PAUL AHLSTROM

Name of Person

PURE AROMA HEALTH LLC

Firm/Company

7822 SUMMERLAKE POINTE BLVD

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

MORTSLHA@HOTMAIL.COM

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

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For further information concerning this matter, please call:

PAUL AHLSTROM

206

403-8605

at (_____) _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PURE AROMA HEALTH LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/28/2014 and assigned
Florida document number L14000034199.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOME ESSENTIAL OILS LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

2415 N. W. 13th Ave.
Fort Lauderdale, FL 33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 1000
Fort Lauderdale, FL 33311

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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

[illegible]

1. The first step in the process of creating a new product is to identify a market need. This involves conducting market research to understand what consumers want and what problems they are facing. Once a need is identified, the next step is to develop a concept that addresses this need. This is often done through brainstorming sessions with a team of designers and engineers. The concept is then refined through prototyping and testing, ensuring that it meets the requirements of the market. Finally, the product is launched into the market, and its performance is monitored to ensure it continues to meet the needs of consumers.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated JULY 31 2020

Signature of a member or authorized representative

PAUL AHLSTROM

Filing Fee: \$25.00