## 114000189360

(Re	equestor's Name)	_
(A	ddress)	_
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100339555911

01/23/20--01012--029 \*\*30.00

FILED
20 JAN 23 AM ID: 49

FEB 1 8 7020

## **COVER LETTER**

TO: Registration Section Division of Corporations

LATHER SUBJECT:	AND CANDLE ME BOUTIQ	JE, LLC	
soust.ct.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DANA BENTON		
		Name of Person	
	LATHER AND CANDLE	ME BOUTIQUE, LLC	
	<del>*************************************</del>	Firm/Company	·
	P O. BOX 8355		
		Address	
	FLEMING ISLAND, FLC	PRIDA 32006	
		City/State and Zip Code	- <del> </del>
	magnoliaartisansoaps@gma		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
DANA BENTON		904 487-4939	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(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

LATHER AND CANDLE ME BOUTIOUE, 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 DECEMBER 3, 2014 and assigned Florida document number <u>L14000189360</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAGNOLIA ARTISAN SOAPS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L,1,C," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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. ()r, 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.

Cuv

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>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
<del></del>			□Add
			[]Remove
			□ Change
			—————————————————————————————————————
·			Remove 23 Changel ON Add
<del></del>			□Add
			□Remove
			☐ Change
			□.Add
			□Remove
			□ Change

	<del></del> -		<u> </u>					_
						· • • • • • • • • • • • • • • • • • • •		_
			, <u>, , , , , , , , , , , , , , , , , , </u>					_
						<del></del> _	· · · · · · · · · · · · · · · · · · ·	_
<u> </u>				<del></del>		<u>,,,,,</u>		<b></b>
								_
			······	• .	-			_
	<u> </u>	<del></del>	<del></del>		<del></del>			_
						<u> </u>	2	_
	- <del></del>							_ "1"i
						7.2	23	7
						1		_! ! {
	• • • • • • • • • • • • • • • • • • • •			771. ·			AH ID:	
<del>- 11</del>		<del> </del>				CRID	<u></u>	_
					•		<del></del>	_
		·						
*							·	
		FILING I	DATE					
ffective date, if other than the an effective date is listed, the date mus	date of filin	ig:	or to data of 61s		(option	al)		S 0303
ote: It the date inserted in this bi	ock does not	meet the appi	icable statutoi	y filing requir	ements, this d	ing.) Pursu ate will n	ant to 60 of be lis	15.0207   ted as 1
ocument's effective date on the Do	epartment of	State's record	s.					
1 17 11 1 00		eur ·						
record specifies a delayed effective is filed.	e date, but no	i an effective	time, at 12:01	a.m. on the e	urlier of: (b)	The 90th	day aft	er the
ated JANUARY 20		2020						
	Λ	•	·					
[ \ \ \ }								

Typed or printed name of signee