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COVER LETTER

Division of Corporations SUBJECT: CONSUMER SPECIALTIES, 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: EDGAR E. DAVIS Name of Person CONSUMER SPECIALTIES, LLC Firm/Company 778 REGENCY RESERVE CIRCLE #1601 Address NAPLES, FL 34119 City/State and Zip Code edgardavis@earthlink.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **EDGAR DAVIS** Name of Person Daytime Telephone Number Enclosed is a check for the following amount: X \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSUMER SPECIALTIES, LLC (Name of the Limited Liabili	ty Company as it now appears on our reco a Limited Liability Company)	rds.)			
(A Fiorita	a Limited Liability Company)				
The Articles of Organization for this Limited Liability C	ompany were filed on 10/14/2015	and assigned			
Florida document number <u>L15000174997</u>	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here:				
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L1	.C" or the abbreviation"L.L.C."			
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDR	(ESS)	- Ko			
		erange erange			
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)					
		75. <u>7</u> 2			
B. If amending the registered agent and/or registere registered agent and/or the new registered office addr		er the name of the new			
	*** 1:VI-X				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street addre	255			
	, 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

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
MGR	EDGAR E. DAVIS	778 REGENCY RESERVE CIRCLE#1601 NAPLES, FL 34119	
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