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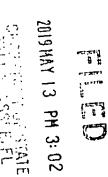
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COVER LETTER

Eden's Garden Natural Handmade Soaps, 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: Devra Lozada Name of Person Eden's Garden Natural Handmade Soaps 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: Devra Lozada Name of Person	
Please return all correspondence concerning this matter to the following: Devra Lozada Name of Person	
Devra Lozada Name of Person	
Name of Person	
racin standar nananac boups EES	
Firm/Company 3237 Kings Ridge Terrace	
Address Deltona, FL 32725	
City/State and Zip Code edensgarden0916@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Devra Lozada 585 353-8547	
Name of Person Area Code Daytime Telephone	Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)

MAILING ADDRESS:

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

Eden's Garden Natural Handmade Soaps LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on September 22, 2016	and assigned
Florida document number 1.16000177666		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:	
Zahari Skincare LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3237 Kings Ridge Terrace	
Principal office address MUST BE A STREET ADDRESS)	Deltona, FL 32725	20
		9 1
inter new mailing address, if applicable:		ω (***
Mailing address MAY BE A POST OFFICE BOX)		00
		3: C
		IE 2
If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	Tice address on our records, <u>g</u> <u>e</u> :	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
our Dogistaned Asset). Single St.	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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
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It amering any other intort	mation, enter change(s) here: (Attach additional sheets, if necessity)	
<u></u>		
Note: If the date inserted in th	the date of filing:	ional) er filing.) Pursuant to 605.0207 is date will not be listed as
the record specifies a dela) The 90th day after the	yed effective date, but not an effective time, at 12:01 record is filed.	a.m. on the earlier o
Dated May 9	, 2019	
	Signature of a member of authorized representative of a member	
Devra Lozada		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00