## 11600188695

(Requestor's Name)		
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PICK-UP	TIAW	MAIL
(Bu	isiness Entity Name	)
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2017 MAY - 1 PM 12: 19
SECRETARY OF STATE

K. SALY MAY -4 2017

## **COVER LETTER**

TO: Registration Section  Division of Corporations	
SUBJECT: CharitaBle Candle Company 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:	
Brian Glenn Name of Person	
Firm/Company	
4781-5 Orange grove Blud 9Pt5	
North Fort Myers, F1 33403  City/State and Zip Code  Brign-Glenn 81 @ Yahao. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Brign Glenn at (239) 464 - 676+  Name of Person Area Code Daytime Telephone Number	
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 (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	tus &
MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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

F	LED
* <i>IM</i> *	
TALLAHASRY	PMIZ: 19
TALLAHASSEL	FLORIDA

(A Florida Limited	d Liability Company)	\$110 <sub>1</sub>
The Articles of Organization for this Limited Liability Compan Florida document number <u>2/600188695</u> .	ny were filed on 10/12/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia  B & E creations LLC  The new name must be distinguishable and contain the words "Limited Lia!"		obreviation "L.L.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 registered agent and/or the new registered office address here.		the name of the new
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 Agen	<u>t:</u>	

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 bligations 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: or removed from our records: 2017 MAY -1 PM 12: 19 MGR = Manager AMBR = Authorized Member SECRETARY OF STATE FALLAHASSEE, FLORIDA <u>Title</u> <u>Name</u> **Address** Type of Action □ Add ☐ Remove \_□ Change \_□ Add □ Remove ☐ Change \_ Add \_□ Remove ☐ Change □ Add ☐ Remove \_□ Change ☐ Remove ☐ Change □ Remove \_\_ Change

	ZUITMAY - 1 Pu-
mending any other information, enter change(s) here: (At	SECRETARY OF STATE  TALLAHASSEE, FLORIDA
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	- JOHIDA
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date  if the date inserted in this block does not meet the applicable st  ument's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (atutory filing requirements, this date will not be listed as t
record specifies a delayed effective date, but not an enemone 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
d 4:/8/17 ,	_
Brund	
Signature of a member or authorized r	epresentative of a member
b /	

Page 3 of 3

Filing Fee: \$25.00