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R. WHOTE JAN 1-7-20.7



COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJEC	T: DIXIE Scapworks, LLC Name of Limited Liability Company	
The encl	sed Articles of Amendment and fee(s) are submitted for filing.	
Please ro	urn all correspondence concerning this matter to the following:	
	Tina D. Wilson Name of Person	
	Dixie Soapworks, LLC	
	5753 Hwy 85 N # 4701	
	Crestview, FL 32536 City/State and Zip Code + ina @ lavabon.com E-mail address: (to be used for future annual report notification)	
For furth	er information concerning this matter, please call:	
	Tina D. Wilson at (828) 734-0137 Name of Person Area Code Daytime Telephone Number	·
Enclosed	is a check for the following amount:	
\$25.	O Filing Fee Solution	of Status &
	Mailing Address: Street Address: Paristantian Station	

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

Dixie Scapworks, 4	LC 2019 CTC 19 Pid 1: 54 my as it now appears on our records.)	_
(Name of the Limited Liability Compa (A Florida Limited I	ny as if now appears on our records.) Liability Company)	}
The Articles of Organization for this Limited Liability Company Florida document number $FEIN # 82-1549343$ This amendment is submitted to amend the following:	were filed on $4/3/2017$ and	assigned
·	Hity company horos	
A. If amending name, <u>enter the new name of the limited liab</u> La Olla de Jabón, LLC	ицу сопірану пете:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	967 Hamiton ave	
(Principal office address MUST BE A STREET ADDRESS)	Jennings, FL	
	32053	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5753 Hwy. 85 N # 470 Crestview, FL 32536)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida	new registered
· · · · · · · · · · · · · · · · · · ·	City Zip Co	xle

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 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
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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			Remove

oute to re-branding. I have called for help with this matter several times and get disconnected. If any further information is needed, please contact me at 828-734-0137. Thanks, Thanks, Time Wilson ve date, if other than the date of filing: 01/01/2020 (optional) retive 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 60 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listen's effective date on the Department of State's records.		only changing the name of the LLC
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