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> SECRETARY OF STATE LLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Se Division of Cor			
	Delight, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Frank Sciacca, Jr.		
		Name of Person	
	Candle Plus Delight, LLC		
		Firm/Company	
	184 Irvine Avenue, SE		
		Address	···
	Palm Bay, FL 32909		
		City/State and Zip Code	
	frank.n.lydia@gmail.com	to be used for future annual report notil	* Const
		·	ication)
For further information of	oncerning this matter, please ca	all:	
Frank Sciacca, Jr.		850 850-3326	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (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, F1, 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

ny as it now appears on our re	ecords.)
Jability Company)	,
were filed on 4/27/2017	and assigned
ility company here:	
lity Company," the designation	"LLC" or the abbreviation "L.L.C."
	<u></u>
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	HA HA
Enter Florida street a	ddress ST 30
	Florida To The Tree
City	Co. Zip Code
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1	ility company here: Inty Company, "the designation of the designation

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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00