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D. SCOTT MAY 2 6 2017

COVER LETTER

SUBJECT: EMOTION, MOOD and ATOMOSPHERE 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:
RANDALL ALLEN Name of Person
EMSTION, Mass and Ascomosphere, LLC Firm/Company
823 ANGELA AVE. APT. B
ROCKLEDGE, FL 32955 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
RANDACC ALLEN Name of Person Area Code Daytime Telephone Number For further information concerning this matter, please call: Area Code Daytime Telephone Number FOR THE STATE OF THE
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \t

MAILING ADDRESS:

Registration Section

Division of Corporations

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

LMSTION, N	1000 AND ATOMOSPHERE, LLC
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records. rida Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on 5-11-17 and assigned
Florida document number L 170001	<u>95</u> ,361
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the li	imited liability company here:
EMOTION, MOOD A	IND ATMOSPHERE LLC cimited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
	بهيد هنا
Enter new mailing address, if applicable:	ALEO ALEO
Mailing address MAY BE A POST OFFICE BOX)	
	SS 2.
	HO P D
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on our records, enter the name of the new
egistered agent and/or the new registered office at	THE T
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 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
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re date, if other than the ctive date is listed, the date must	date of filing: be specific and cannot be	prior to date of filin	g or more than 90	(optional days after filing) z.) Pursuant to 605.
f the date inserted in this blo	ock does not meet the a	pplicable statutor	y filing requiren	ents, this date	e will not be liste
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Filing Fee: \$25.00