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COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	PH Brands	LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	-Patrice	Heatherington	
	_ PH Ba	Firm/Company	
	16263 Ray	na Way Address	
	Naples, F	City/State and Zip Code	
	bpheathering E-mail address: g	ton @ Out look. (O) o be used for future annual report notifi	cation)
For further information co	Agerning this matter, please ca	11:	
JHGJHGJKHGKKK Name of	truc Heathwing	Area Code Daytime	9828 Telephone Number
Enclosed is a check for the	e 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, 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

PH Brands	//C.			
(Name of the Limited Liability) (A Florida Li	Company as it now appears of mited Liability Company)	n our records.)		
(A FROM DA	mines mashiny company)	/ /		
The Articles of Organization for this Limited Liability Con	npany were filed on/	18/2018	and assigned	
Florida document number <u>L/80000/4683</u>	,	,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here	:		
- Scentsational Good	ds, LLC			
The new name must be distinguishable and contain the words "Limited	I Liability Company," the design	gnation "LLC" or the abbrev	riation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	(22	35.0	1 8	
	<u></u>	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	E n	
			2 =	
		الله لوغان الراب لوغان الراب والمناز	ω <u>(* * * * * * * * * * * * * * * * * * *</u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
		Đ.	<u>-</u>	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ur records, <u>enter the</u>	name of the ne	
New Registered Office Address:				
	Enter Florida	street address		
		, Florida		
	City	,11011da	Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:			
			. rr	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent	plete performance of my it as provided for in Cha	duties, and I am fami opter 605, F.S. Or, if th	iliar with and his document is	
being filed to merely reflect a change in the registered of	office address. I hereby o	confirm that the limited	d liability	

If Changing Registered Agent, Signature of New Registered Agent

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
			□ Remove
			Change
			☐ Add
			23 Z Change
			FLORIDA Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
/			
		-	Remove
			Change

		
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Filing Fee: \$25.00