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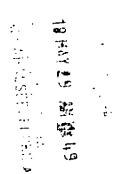
(Requestor's Name)
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COVER LETTER

TO:		istration Sec sion of Corp					
C 4 1 85	. r. can	Scenthound	Franchising LLC				
SUB	JECT:		Name of Limit	ed Liability Company		· ·····	
The e	nclosed	Articles of	Amendment and fee(s) are subn	nitted for filing.			
Pleas	e return	all correspor	ndence concerning this matter to	o the following:			
			Rose Lynch, Controller				
				Name of Person			
			Scenthound Franchising LL	Rose Lynch, Controller Name of Person Scienthound Franchising LLC Firm/Company 715 Commerce Way, Ste 10 Address Supiter, FL 33458 City/State and Zip Code			
	715 Commerce Way, Ste 10						
	Address						
			Jupiter, FL 33458				
				•	ie		
			accounting@scenthound.com	n o be used for future annu			
For f	urther ir	iformation co	oncerning this matter, please ca		ai report notificat	(OII)	
Rose	Lynch,	Controller		• • • •	203-2489		
Name of Person			Person	at () _ Area Code	Daytime Te	lephone Number	
Encl	osed is a	check for th	e following amount:				
3	525.00 F	iting Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is:		☐ \$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

(Name of the Limited Li (A F	inbility Compa lorida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liabili Florida document number £18000056100			and assigned	
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liab	ility company here:		
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation 1.1.C.	
Inter new principal offices address, if applicable		715 Commerce Way, Ste 10	1 76 20 415	
Principal office address MUST BE A STREET A		Jupiter, FL 33458		
			7861 767	
Enter new mailing address, if applicable:		715 Commerce Way, Ste 10	\$ 15 15	
(Mailing address MAY BE A POST OFFICE BOX)		Jupiter, FL 33458		
3. If amending the registered agent and/or registered agent and/or the new registered office	1.2		ter the name of th	
Name of New Registered Agent:				
New Registered Office Address: 715 Comme		Way, Ste 10		
New Registered Office Address:	Enter Florida street address			
New Registered Office Address.	upiter	Enter Florida street address, Florid:	22.4711	

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
-			🗆 Add
			□ Remove
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ective date, if other than the effective date is listed, the date must	be specific and ca	nnot be prior to	date of filing o	r more than 90 day	(optional) rs after filing.) Pursu	ant to 605.0
e: If the date inserted in this bloument's effective date on the De			le statutory fi	ling requirement	is, this date will n	ot be listed
	,					
ecord specifies a delayed	effective dat	e, but not	an effectiv	e time, at 12	:01 a.m. on th	ne earlier
ne 90th day after the reco		·				
May 24		2018				
May 24	 · .		- / /			
			/ /			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00