L18000056100

(Requestor's Name)
(Address)

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(City/State/Zip/Phone #)
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COVER LETTER

TO:

TO: Registration S Division of Co			
Scenthour SUBJECT:	nd Franchising LLC	·	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	of Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Rose Lynch, Controller		
		Name of Person	المنابع
	Scenthound Franchising L	LC	723 CST 25
		Firm/Company	2
	1070 E. Indiantown Rd, St	te 300	S P :-
		Address	<u> </u>
	Jupiter, FL 33477		; · · · · · · · · · · · · · · · · · · ·
		City/State and Zip Code	
	accounting@scenthound.co		
For further information	concerning this matter, please c	to be used for future annual report noti	fication)
Rose Lynch, Controller	•	561 203-2489	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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 Addre		Street Address:	ution
Registration	Section Corporations	Registration Se Division of Cor	
P.O. Box 63	-	The Centre of T	•
Tallahassee.			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	Zip Code
Ju	piter	, Flori	da <u>33477</u>
		Enter Florida street address	
New Registered Office Address: 10	70 E Indiantow	n Rd, Ste 300	
Name of New Registered Agent:			
If amending the registered agent and/or registent and/or the new registered office address her	ered office ad <u>re</u> :	dress on our records, <u>enter the</u>	e name of the new regis
	_		
Mailing address MAY BE A POST OFFICE BOX)		Jupiter, FL 33477	19
iter new mailing address, if applicable:		1070 E Indiantown Rd, Ste 300	55 元
The par office address STOST DE AGINEET AL	DUKESSI		. 26
rincipal office address MUST BE A STREET AL		Jupiter, FL 33477	
nter new principal offices address, if applicable:		1070 E Indiantown Rd, Ste 300	
e new name must be distinguishable and contain the words	Limited Liability	y Company," the designation "LLC" of	
If amending name, enter the new name of the	umited habili	uy company here:	
•	C		
is amendment is submitted to amend the following	v:		
orida document number L18000056100			
e Articles of Organization for this Limited Liabili	ty Company w	ere filed on 03/02/2018	and assigned
(A Flo	orida Limited Lia	ability Company)	
(Name of the Limited Li:	ability Company	y as it now appears on our records.) ability Company)	

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 b	oeing added
or removed from our records:	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		 	□Remove
			□Add
			□Add ☐ Remove
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			C Change
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be price: If the date inserted in this block does not meet the appl	or to date of filing or more than 90 days after filing.) Pursuant to 605.02 icable statutory filing requirements, this date will not be listed
ament's effective date on the Department of State's record	s.
ord specifies a delayed effective date, but not an effective filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
October 20 2020	
ed	<u>/</u> .
Jun/ul	
	thorized representative of a member