

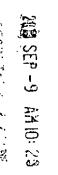
(Requestor's Name)
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COVER LETTER

TO:	Registration So Division of Cor				
CHD	Life Haun (Oils LLC			
SUD	JECT:	Name of Lim	ited Liability Company		SS
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Pleas	e return all correspo	ondence concerning this matter	to the following:		
		Charlene Haun			
			Name of Person		
		135 2nd St	Firm/Company		
		Niceville, FL 32578	Address		
		leavesthe99designs@gmail.	City/State and Zip Code com		
		E-mail address: (to be used for future annual report notif	ication)	
For fi	urther information c	oncerning this matter, please ca	all:		
Charl	lene Haun		850 499-1141 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclo	sed 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 Certificate o Certified Co (additional copy	f Status & py

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

TC	•	?
ARTICLES OF O	· ·	
OI	•	ords.)
Life Haun Oils LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Company v	vere filed on 1/9/2019	and assigned
Florida document number L19000010867		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Leaves the 99 Designs LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address:		
		T1
-	City , '	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, covided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

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:

or removed t	Total but i cedi us.		
MGR = Ma AMBR = Au	nnager ethorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change

 		Add
		□ Remove
		Change
 		Add
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 		Add
		Remove
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 		Add
		□ Remove
		Change
		Remove
		☐ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	Only amending name from Life Haun
	Oils LLC to Leaves the 99 Designs
	LLC.
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-	<u> </u>
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T. T. CC	
(If an eff <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 1st 2019
Dated	Invare mun
	Signature of a member or authorized representative of a member
	Charlene Haun

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00