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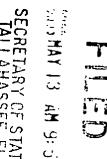
(Re	questor's Name)	
Ç 12	,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TÓ:

	istration Sec ision of Corp			4
SUBJECT:		SNOBB.	110	•
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Luh	Janna S. RIJOS Name of Person	
		LSR MANA	GEMENT & CONSULTING Firm/Company	6, Inc
		P.D. BL	DX 693936 Address	
		MiAm	11 FL 332169 City/State and Zip Code	
			AFMENTINC @ 9MAIL to be used for future annual report not	
For further is	ntormation co	oncerning this matter, please ca	all:	
LuWar	nra Riles Name of	Person	at (<u>305</u>) <u>384-8</u> Area Code Daytin	8909 ne Telephone Number
Enclosed is :	i check for th	e following amount:		
Ū∕s25.00 I	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)
	iling Address		<u>Street Address:</u> Registration Se	ection
	~	orporations	Division of Co	
P.0	D. Box 632	7	The Centre of	
Ta	llahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

SNOBB. LLC	2012 MAY 13 AM 9: 52
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	bility Company) TALLAHASSEE, EI
The Articles of Organization for this Limited Liability Company w	ere filed on 01/25/2019 and assigned
Florida document number <u>LI90000 25311</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
SCENT BUZZ, LLC The new name must be distinguishable and contain the words "Limited Liability	
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	N / / A
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the new register
agent and/or the new registered office address here:	
A. /	1/1
Name of New Registered Agent:	JA
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 th 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
NJA	NA	NA	
			□Remove
			□Change
			Add
		.	□Remove
			Change
		<u>- </u>	□Add
			□Remove
			Change
			Add
			□ Remove
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		 	□Add
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	N/A
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n effec o <mark>te:</mark> l	e date, if other than the date of filing:
ecord is tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ted _	April 25 2022
	Signature of a member or authorized representative of a member