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COVER LETTER

TO:	Registration So Division of Cor			
e110 102	Scenthoung	l Services LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Rose Lynch, Controller		
			Name of Person	
		Scenthound Services LLC		2023 OCT 26
			Firm/Company	0CT -
	1070 E. Indiantown Rd, Stc 300		26	
			Address	
		Jupiter, FL 33477		PH 14: 16
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		accounting@scenthound.co	m to be used for future annual report not	ification)
For furth	ner information c	concerning this matter, please c		inculoity
Rose Ly	nch, Controller		561 203-2489	
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed	l is a check for t	he 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 of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scenthound Services LLC (Name of the Limited L	iability Compa	ny as it now appears on our records.)	
(A F	lorida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company	were filed on $\frac{04/24 2019}{}$ and assigned	
Florida document number 1.19000111714	·		
This amendment is submitted to amend the following	ng:		
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 Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
The new many of an inguismore and contain the words	Emilion Emon	<u> </u>	
Enter new principal offices address, if applicable:		1070 E Indiantown Rd, Ste 300 . S	
Principal office address MUST BE A STREET A	DDRESS)	Jupiter, FL 33477	
		7	
Enter new mailing address, if applicable:		1070 E Indiantown Rd, Ste 300	
•	170	Jupiter, FL 33477	
Mailing address MAY BE A POST OFFICE BOX	Ω		
	- 4		
B. If amending the registered agent and/or regis i <u>gent and/or the</u> new registered office address ho	tered office a	address on our records, <u>enter the name of the new reg</u>	
igene and/or the new registered office address no	<u>.1C</u> .		
Name of New Registered Agent:			
New Registered Office Address:	070 E Indianto	own Rd, Ste 300	
		Enter Florida street address	
յւ	upiter	, Florida ³³⁴⁷⁷	
		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 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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
		ETOCT 26	□Add
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			Change

Typed or printed name of signee

Timothy Vogel