

L19000 138137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2013 JUL 12 P 2:30
FALCONER, FLORENCE
FALCONER, FLORENCE

JUL 2 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

AIR-SCENT PROFESSIONAL SERVICES LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HAYLEY ZLOTNIK

Name of Person

AIR-SCENT PROFESSIONAL SERVICES LLC

Firm/Company

**15811 COLLINS AV
SUITE 806**

Address

SUNNY ISLES, FL 33160

City/State and Zip Code

HZLOTNIK@AIRSCENT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAYLEY ZLOTNIK

305 747 8804

at ()

Name of Person

Area Code

Daytime 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 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**

AIR-SCENT PROFESSIONAL SERVICES LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 JUL 12 P 3 30

The Articles of Organization for this Limited Liability Company were filed on MAY 22, 2019 and assigned
Florida document number L19000138137 TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AIR SCENT SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

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 address on our records, enter the name of the n
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

2019

Dated _____, _____

Ida May 3

Signature of a member or authorized representative of a member

HAYLEY ZLOTNIK

Typed or printed name of signee

Form SS-4 (Rev. January 2010) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	OMB No. 1545-0003 EIN 84-2302615
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Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested AIR SCENT SERVICES LLC		3 Executor, administrator, trustee, "care of" name	
	2 Trade name of business (if different from name on line 1)		5a Street address (if different) (Do not enter a P.O. box.)	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 15811 COLLINS AV APT 806		5b City, state, and ZIP code (if foreign, see instructions)	
	4b City, state, and ZIP code (if foreign, see instructions) SUNNY ISLES BEACH, Florida, 33160		5b City, state, and ZIP code (if foreign, see instructions)	
	6 County and state where principal business is located Miami-Dade County, Florida			
	7a Name of responsible party Hayley Zlotnik		7b SSN, ITIN, or EIN 196-74-7104	

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members 2		
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Sole proprietor (SSN) _____ <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____ </div> </div>			
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida Foreign country _____		
10 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ SERVICE <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
11 Date business started or acquired (month, day, year). See instructions. 05/22/2019	12 Closing month of accounting year December		
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Agricultural 0</td> <td style="width:33%; text-align: center;">Household 0</td> <td style="width:33%; text-align: center;">Other 0</td> </tr> </table>		Agricultural 0	Household 0
Agricultural 0	Household 0	Other 0	
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) SERVICE			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. AIR FRESHENERS			
18 Was the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Khadejah Payne, GovSimplified LLC	Designee's telephone number (include area code) (888) 629-9001
	Address and ZIP code 2093 PHILADELPHIA PIKE #3338 CLAYMONT, DE 19703	Designee's fax number (include area code) (888) 346-8787
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) (440) 463-7748
Name and title (type or print clearly) ▶ Hayley Zlotnik, Managing member/Owner		Applicant's fax number (include area code) ()
Signature ▶		Date ▶ 7-05-2019

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 1-2010)