

W19000272471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

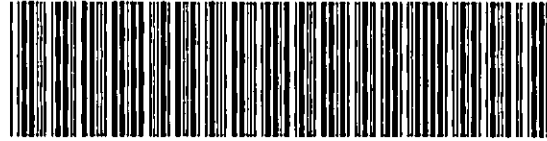
(Document Number)

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2021 JAN 19 AM 8:54

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COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: Made With Love Creations  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Joshua J. Pugh  
Name of Person

Made With Love Creations LLC  
Firm/Company

11227 SW 54th Circle  
Address

OCALA FL 34476  
City/State and Zip Code

madewithlove11c@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua J Pugh at ( 352 ) 355-7568  
Name of Person Area Code Daytime Telephone Number

Amount 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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Made With Love Creations LLC

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

Articles of Organization for this Limited Liability Company were filed on 10-31-19 and assigned  
Florida document number L19000272471.

This amendment is submitted to amend the following:

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

Ocala Candle Company 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:**

11227 SW 54<sup>th</sup> Circle

**Principal office address MUST BE A STREET ADDRESS**

OCALA FL 34476

**Enter new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX**

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**When amending the registered agent and/or registered office address on our records, enter the name of the new 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

**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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

<u>Id</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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

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

January 7<sup>th</sup>, 2021

Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

Joshua J. Pacht

Typed or printed name of signee