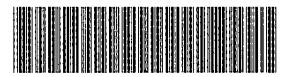
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### **COVER LETTER**

## **Division of Corporations** The Solo Candle Co, 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: Katelin Loberg Name of Person Firm/Company 12960 Langstaff Dr Address Winderemere FL 34786 City/State and Zip Code hello@thesolocandleco.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cindy Ketchum 582-0703 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **≡** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

O:

Registration Section

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

The Solo Candle Co. LLC			
( <u>Name of the Limited Liability Com</u> (A Florida Limited	nany as it now appears on our records. Thability Company)	)	
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned	
lorida document number L20000098915			
his amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC"	or the abbreviation "L.IC."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		202	
		7 T	
Enter new mailing address, if applicable:		. 7 /	
Mailing address MAY BE A POST OFFICE BOX)		35	
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	-	<u></u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regis	
Name of Name David Assessed			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
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#### 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>	<u>Name</u>	Address	Type of Action
AMBR	Katelin Loberg	12960 Langstaff Dr	
		Windermere FL 34786	Remove
			□ Change
AMBR Kyle Sobash	Kyle Sobash	12960 Langstaff Dr	□Add
		Winderemere F1. 34786	≣Remove
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MGR	Katelin Loberg	12960 Langstaff Dr	Add-
		Windermere FL 34786	PH D ND Remove
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reffecti <u>te:</u> If t	date, if other than ve date is listed, the dat the date inserted in the 's effective date on the	e must be specific and ones block does not mo	cannot be prior to d cet the applicable	iate of filing or more that e statutory filing requ	(optional) n 90 days after filing- irements, this date	) Pursuant to 605.020 will not be listed æ
cord sp s filed.	pecifies a delayed off	ective date, but not a	nn effective time.	at 12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
ed	12/31/20	26		ed representative of a m		
	- Kut	Signature of a m	ember of authorize	ed representative of a m	ember	
			Lobera Typed or printed n			