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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Seven Essertals (LL 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:	
TIFANI M CURLIS Name of Person Seven Esserhals (CC Firm/Company	
Hol N. Ashley Or Und 17234 Janya H 33407 City/State and Zip Code tiffani 1424 & ic Und Con E-mail/address: (to be used for future annual report notification)	12
For further information concerning this matter, please call:	
Tiffuiti Cuff'S at (\$13 992-1420) Name of Person Area Code Daytime Telephone Number	1
Vinclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certificate of Status} \Bigcup \text{S60.00 Filing Fee & Certificate of Status} \Bigcup \text{Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup S60.00 Filing Fee & Ce	Status &

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

Seven Essentio	als Lile	
(Name of the Limited Liability Compa (A Florida Limited		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $6-11-20$ and ass	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Sevyn Essentials The new name must be distinguishable and contain the words "Limited Liabi		
•	/ /	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	401 W. Ashley Or line Tanya 1(33602	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	401 N. Ashley Dr lead Tany Aleggior	<u>id 17.</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 the name of the ne</u>	w regis
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 compl provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabil company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address or can or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address ; L	F: 19	Type of Action
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the record cord is file		yed effective da	ite, but not	an effective	time, at 1	2:01 a.m. oi	n the earlier o	î(b) The S	90th day after the
Dated _		yfar Sig	nature of a n	Lu diember or au	K de l'horized rep	Presentative c	of a member		
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