L20000185453

Office Use Only



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03/18/21--01035--005 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FN-N 30 ented Fire Let Candles UC 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:
Lakersha Tarwana Smith
Firm/Company
1201 West SYNSTreet
BIVILVA BRACH Hg. 33404
E-mail address: (to be used for future annual-report notification)
For further information concerning this matter, please call: Add Share of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (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

(A FIORICA LITTIRECO L	naonky Company)			
The Articles of Organization for this Limited Liability Company Florida document number $85-098443$.	were filed on $5-8-3030$ and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1301 West 34th stylet RIVILLE BROCK A. 23404			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.D. Box 9709 1905 West Blue Heron RIVILLA BEACH FL 33404			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:				
Name of New Registered Agent: New Registered Office Address: Addle Address Add	Sha T. Smith List 34th Street Enter Florida street address Bluch H., Florida Signature City Florida			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or it this document is			

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		TALLAHASS	2021 Change
		E, FLORIDA	ORemove 55
			□Change □Add
			□Add
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			ClChana

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

Typed or printed name of signee