## L2000 194810

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US 11/15/20

## · COVER LETTER

FO:

Registration Section Division of Corporations

UBJECT:	Name of Lim	ited Liability Company	· · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Eliane Paneque		
		Name of Person	<del> </del>
		Firm/Company	
	7700 North Kendall Drive.	. Suite 406	
	Miami / FL / 33156	Address	PH O
	SUGARMANCANDLECO	City/State and Zip Code @GMAIL.COM	
or further information $\mathcal{L}$	E-mail address: (concerning this matter, please concerning this matter)	all:	- 3,153
	of Person		e Telephone Number
inclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
the Articles of Organization for this Limited Liability Company were filed on $\frac{07/10/2020}{1.20000194810}$ .	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
UGAR MAN CANDLE CO., LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abb	previation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
- mark	<u> </u>
; - r	G Ti
nter new mailing address, if applicable:	9
Tailing address MAY BE A POST OFFICE BOX)	
Tuning dataress MAT BE AT OST OTTICE BOXY	
	<del></del>
. If amending the registered agent and/or registered office address on our records, enter the name	a of the flow radio
ent and/or the new registered office <u>address here</u> :	cortile new regis
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Florida	

New Registered Agent's Signature, if changing Registered Agent:

WICK AND SUGAR LLC

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 except 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 ompany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Type of Action
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			□Remove
			□Change
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If an effective date is list Note: If the date inse	ther than the date of ted, the date must be spec- erted in this block doc date on the Department	afic and cannot the	be prior to date of f applicable statut	iling or more than 90		
	elayed effective date,	but not an effe	ctive time, at 12:	01 a.m. on the earli	ier of: (b) The	90th day after the
e record specifies a dord is filed.						
rd is filed.	ber 28	, 20				
rd is filed.	ber 28			sentative of a membe		

Filing Fee: \$25.00