LZC 000 221807

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2020 NOV -9 PM 6: 39 SECRETARY OF STATE

12/1/2/20

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Aroma Gal	lore LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Catiana Souffrant				
·		Name of Person			
		Firm/Company			
	1235 18th Ave N				
		Address			
	Lake Worth, FL 33460				
	catianas@icloud.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
Catiana Souffrant		561 379-3972 at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for th	ie 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 S	Section	Street Address: Registration Sec			
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Aroma Galore LLC

2020 NOY -9 PM 6: 39

(Name of the Limited Liability Company as it now appears on our records.) RETARY 0

(A Florida Limited Liability Company)

TALLAPINES The Articles of Organization for this Limited Liability Company were filed on TUN 27, 2020 and assigned Florida document number 12 0000 221807 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tender Notes LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1235 18th Ave N. Lake Worth, FL 33460 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1235 18th Ave N. Lake Worth, FL 33460 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If 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

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.

City

. Florida

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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			
			□Remove
			□Change
<u>_</u>			□Add
			□Remove
			□Change
	-		□Add
			□Remove
			
			□ Change

,	
•	
E. Effect	ive date, if other than the date of filing: (optional)
(If an ef Note ;	fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
record is fi	
Dated	November 4th 1. 2020
	Cational Southern of a member of authorized representative of a member Cational Southern of a member of authorized representative of a member
	signature of a member or authorized representative of a member
	Catiana Souffrant

Typed or printed name of signee