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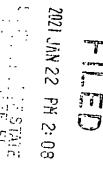
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COVER LETTER

TO:	Registration Se Division of Cor					
		ning Soaps LLC				
SUBJE	ECT:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing			
Please	return all correspo	ndence concerning this matter	to the following:			
		Jason Woods				
			Name of Person			
			Firm-Company			
		612 San Juan Blvd				2021
		Orlando Fl 32807	Address			2021 JAN 22
		jwoxlsywoxls@gnuil.com	City/State and Zip Code		, , , , ,	2 Pří
		E-mail address: (to be used for future annual report notif	ication)	7 (0	3
For fur	ther information co	oncerning this matter, please c	all;		二三	09
Jason '	Woods		407 579 0906		17	G
	Name of	FPerson	at () Area Code Daytime	: Telephone Number		
Enclos	ed is a check for th	e following amount:				
≣ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration 5		Street Address: Registration Sec	ction		

Mailing Addryss: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, F1, 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clean Listening Soaps		
(Name of the Limited Liabi (A Florie	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L20000305583	Company were filed on 9/28/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the fin</u> Growe Soaps LLC	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	2
(Principal office address MUST BE A STREET ADD	<u> PRESS)</u>	
	·····	22
Enter new mailing address, if applicable:	N/A	P.
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here: Name of New Registered Agent: NA	•	enter the name of the new registered
New Registered Office Address:	Enter Floruki street	
	r, mer ruorusi sireet	
	Curv	, Florida
New Registered Agent's Signature, if changing Register	red Agent:	·
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my dut agent as provided for in Chapter red office address, I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
N/A	N/A	N/A	
			□Add
			[]Remove
			
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fective date, if other than the date of filing:	(optional)
in effective date is listed, the date must be specific and carmot be prior to date of film ofe; If the date inserted in this block does not meet the applicable statutor	ig or more than 90 days after filing.) Pursuant to 605.02
cument's effective date on the Department of State's records	y ming requirements, this care with the tisted
ecord specifies a delayed effective date, but not an effective time, at 12:01 is filed	aim, on the earlier of: (b). The 90th day after th
is filed	
January 20 2021	
nted	

Filing Fee: \$25.00

Typed or printed name of signee