LZO 000392659

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(Ac	ldress)		
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
Wu Candle	es, LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose Otero		
	Wu Candles		
	Firm/Company		
	22875 SW 128 Avenue		
		Address	
	33170		2021 MAR 15 SECRETAR TALLAHA
	_	City/State and Zip Code	RET
	wucandles@hotmail.com		AH
	E-mail address: (to be used for future annual report notification)	,
For further information c	concerning this matter, please c	all:	Fig. 4.
Jose Otero		786 2677469	PM 3: 16
Name o	of Person	Area Code Daytime Telepho	ne Number
Enclosed is a check for the	he 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 9		Street Address: Registration Section	
Division of Corporations		Division of Corporatio	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahas 2415 N. Monroe Street	. Suite 810
		Tallahassee, FL 32303	1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wu Candles, LLC

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

(A Florida Li	mited Liability Company)		
	a 01/02/202	SSE TO	
The Articles of Organization for this Limited Liability Company were filed on $\frac{01/02/2021}{}$			
Florida document number L20000392659		产品 6	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	on "LLC" on the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o	ffice address on our records	enter the name of the new registered	
agent and/or the new registered office address here:	The sautes on our records,	1	
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 A	<u>sgent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my dut it as provided for in Chapter	ies, and ham familiar with and 605, F.S. Or, if this document is	
		I	
ī	f Changing Registered Agent, Sign	ature of New Registered Agent	

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

Title	<u>Name</u>	Address	Type of Action
MGR	Jose Otero	22875 SW 128 Avenue Miami FL 33170	■Add
		<u> </u>	Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
	!	□Change	
		<u> </u>	□Add
			□Remove
		1	-

Typed or printed name of signee