L21000004922

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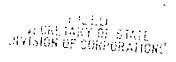
21 HAR -8 AMII: 54

COVER LETTER

SUBJEC	ISLAND V	/IBES CANDLE COMPANY.	LLC	
SUBJEC	-1:	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Tanisha Samuels		
			Name of Person	
		ISLAND VIBES CANDL	E COMPANY, LLC	
		Stand Vibes Candle Company T541 NW 87th Way Address		
		7541 NW 87th Way		
			Address	
		Tamarac , FL 33321		
			City/State and Zip Code	
		- -		
		E-mail address: (to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please c	all:	
Tanisha :	Samuels		954 994-7978	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			ection
	_		•	
]	P.O. Box 632	7	The Centre of	Tallahassee
•	Tallahassee, I	PL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



21 MAR -8 AM 11: 54

TOT A MID	VIDEC	CANDLE	COMPANY	110
ISLAND	vibes	CANDLE	. COMPAINY	1.1.1

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

	(A Forida Linne	ed manney Company)		
The Articles of Organization for this Limited L Florida document number <u>L21000004922</u>		any were filed on 12.	/28/2020	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited li	iab <u>ility company he</u>	· <u>re</u> :	
The new name must be distinguishable and contain the w	vords "Limited Li	ability Company," the d	esignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	_ <u>_</u>	
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or r	egistered offic	ce address on our re	ecords, enter the	name of the new registe
agent and/or the new registered office addres	ss nere:			
Name of New Registered Agent:	N/A			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	N/A			
		Enter Flor	ida street address	
			, Florida	
		Ciţv		Zip Code
New Registered Agent's Signature, if changing I	Registered Agei	<u>nt:</u>		

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.

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

SIVISION OF COMPORATION

_____ □Change

21 MAR -8 AMII: 54 Type of Action Address Title Name MGR Tanisha Samuels 7541 NW 87TH WAY ■Add TAMARAC, FL 33321 __ __ □Remove _____ □Add ______ □Remove ______ ____Add ____ □Remove _____ □Add _ □Remove ____ Change _____ □Add Remove ____ □Change _____ □Add _____ □Remove

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ective date, if other than the di effective date is listed, the date must	e specific and cannot be prior	to date of filing or more than	n 90 days after filing.) Purs	uant to 605,0207
te: If the date inserted in this bloc nument's effective date on the Dep		ible statutory filing requi	irements, this date will i	not be listed as
·				
cord specifies a delayed effective	late, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th	n day after the
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Filing Fee: \$25.00