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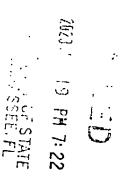
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Special Instructions to Filing Officer.

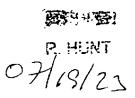
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COVER LETTER

TO:	Registration S Division of Co					
CHDIE	Misk LLC					
SUBJE	SUBJECT:Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
		Nader Khater				
			Name of Person	_		
		Misk LLC				
		 	Firm/Company			
		3529 Huntington Place Dr	ive			
			Address			
		Sarasota, FL 34237		- نش -		
		ktr.nader@icloud.com	City/State and Zip Code	Š, s, ,		
		•	to be used for future annual report notification)	SER PE		
For fur	ther information	concerning this matter, please c	all:	PH 7:22 OF STATE SEE, FATE		
Nader	Khater		813 6133836 at ()			
	Name (of Person	Area Code Daytime Telephone Num	ıber		
Enclose	ed is a check for t	he following amount:				
■ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	D Filing Fee, ficate of Status & fied Copy onal copy is enclosed)		
	Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	e 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Misk LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	
Florida document number L21000032344	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
Misk Scents LLC	
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	15.3
	·n 3
	•
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	SO P III
	Est 7
	22 L
B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here:	n our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
E	Inter Florida street address
	, Florida
City	Zip Code

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.

If Changing Registered Agent, Signature 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

<u>Title</u>	Name	Address		Type of Action
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				_ □Remove
				_ □Change
				_ □Add
				_ □Remove
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fective date, if other than the	e date of filing:		17 17 1	(op	tional)	D	
n effective date is listed, the date mu ote: If the date inserted in this b	lock does not meet t	he applicable s	e of filing or more tatutory filing re	man 90 days at quirements, t	ter ming.) his date v	Pursuar will not	: be listed a
cument's effective date on the E	Pepartment of State's	s records.					
ecord specifies a delayed effection is filed.	re date, but not an el	fective time, a	t 12:01 a.m. on t	he earlier of:	(b) The	: 90th d	lay after the
07/17 ted	20	23					
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()aden	Signature of a memb			1			