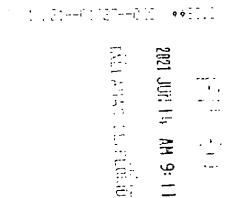
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## **COVER LETTER**

TO:

are in or	RAQ Solid Soap LLC						
SUBJECT	:	Name of Lim	ited Liability Company				
The enclose	ed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please retu	rn all correspo	ndence concerning this matter	to the following:				
		Raquel Guadiana					
			Name of Person	<del></del>			
	Name of Limited Liability Company    Seed Articles of Amendment and fee(s) are submitted for filing.   Seed Articles of Amendment and fee(s) are submitted for filing.   Seed Articles of Amendment and fee(s) are submitted for filing.   Continued Liability Company						
Raquel Guadiana  Name of Person  RAQ Solid Soap LLC  Firm/Company  337 Bayside Rd  Address  Palm Springs Fl 33461  City/State and Zip Code raqsolidsoap@yahoo.com							
		337 Bayside Rd					
			Address				
		Palm Springs Fl 33461					
			City/State and Zip Code	<del></del> _			
				·			
For further	information c			tification)			
Raquel Gu			at ()				
	Name o	f Person	Area Code Daytir	me Telephone Number			
Enclosed is	a check for th	ne following amount:					
\$25.00	Filing Fec		Certified Copy	Certificate of Status &			
				ection			
Registration Section Division of Corporations			Division of Corporations				
P.O. Box 6327			The Centre of	Tallahassee			
T	allahassee, l	FL 32314	2415 N. Monro	oc Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAQ Solid Soap L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{02/08/2021}{1}$ and assigned Florida document number L21000066398 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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.

Citv

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>	<u>Address</u>	Type of Action
MGR	Raquel Guadiana	337 Bayside Rd Palm Springs FL 33461	<b>■</b> Add
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			☐ Change
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te: If the date inserted in this current's effective date on the	block does not meet the Department of State's	e applicable sta records.	nutory filing req	uirements, this	date will not	be listed
ecord specifies a delayed effe	tive date, but not an eff	ective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th d	ay after th
is filed.						
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Filing Fee: \$25.00