## 21000105967

| (Requestor's Name)                      |   |
|---|---|
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| (Address)                               | — |
|   |   |
| (Address)                               |   |
| (Address)                               |   |
|   |   |
| (City/State/Zip/Phone #)                |   |
| PICK-UP WAIT MAIL                       |   |
| THE TOTAL TOTAL                         |   |
|   |   |
| (Business Entity Name)                  |   |
|   |   |
| (Document Number)                       |   |
|   |   |
| Cartified Capine Cartificator of Status |   |
| Certified Copies Certificates of Status | _ |
|   |   |
| Special Instructions to Filing Officer: |   |
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| <u> </u>                                |   |

Office Use Only



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12/10/21--01018--020 \*\*25.00



A. BUTLER
DEC 2 2 2021

## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

| SUBJECT: She                  | FLOWS Anomatic                                  | ر لالر   |   |
|-------------------------------|---|--|---|
|                               | Name of Lim                                     | ited Liability Company   |   |
|                               | Amendment and fee(s) are sub                    | _  |   |
| r lease return an correspo    | ndence concerning and mader                     | to the following.  |   |
|                               | Dania   | Sanon<br>Name of Person  | <del></del>   |
|                               | She Flow  | M Aromatic Li Firm/Company                                       | <u>C</u>  |
|                               | 3200 (  | oral Springs Dr  | Ap+ 100   |
|                               |   | Springs, FL 33   |   |
|                               | She f to<br>E-mail address: (                   | ows aromatica to be used for future annual report not            | gmail.cum   |
| For further information co    | oncerning this matter, please ca                | aH:  |   |
| Dania S                       | Sanon<br>Person                                 | at (772) (221<br>Area Code Daytin                                | o - 9 6 0 3<br>ne Telephone Number  |
| Enclosed is a check for th    | e following amount:                             |  |   |
| \$25.00 Filing Fee            | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres Registration S |   | Street Address:<br>Registration Se                               | ection  |
| Division of C<br>P.O. Box 632 | •   | Division of Co<br>The Centre of                                  | •   |
| Tallahassee, I                |   |  | be Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(i) (i)

| She Flows Aror   |   |
|--|---|
| (Name of the Limited Liability Compa-<br>(A Florida Limited L  | ny as it now appears on our records.) iability Company)   |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L2100010596</u> .7  | were filed on March 4, 202 and assigned   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liabi   | lity company here:  |
| The new name must be distinguishable and contain the words "Limited Liability".  | ty Company " the decignation "LLC" or the abbreviation "LLC"  |
|  |   |
| Enter new principal offices address, if applicable:  | 2400 COURT Shuds AKING  |
| (Principal office address MUST BE A STREET ADDRESS)  | 3200 Coral Springs Prive Ap+ + 108 Coral Springs, Fr. 33065   |
|  | Coral Springs, Ft 33065   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | 3200 Coral Springs Prive Ap+ # 108 Coral Springs, Fiz 33065   |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  | ddress on our records, <u>enter the name of the new registered</u>  |
| Name of New Registered Agent: N  | 7   |
| New Registered Office Address:   |   |
|  | Enter Florida street address  |
|  | , Florida<br>City Zip Code  |
|  | City Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:  |   |
| I hereby accept the appointment as registered agent and agre-<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | performance of my duties, and I am familiar with and rovided for in Chapter 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, 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>     | Address                    | Type of Action |
|--------------|-----------------|----------------------------|----------------|
| MGR          | Namalie Charles | 3200 Coral Springs Or. #10 | <u></u> ⊟Add   |
|              |                 | Coral Springs, Fr 33065    | DKemove        |
|              |                 |                            | □Change        |
|              |                 |                            | □Add           |
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| ,                     |  |
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|                       |  |
| (If an ef<br>Note:    | ive date, if other than the date of filing: $12/15/202$ (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next is effective date on the Department of State's records. |
| he recor<br>ord is fi | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.   |
|                       | December 5 . 2021  |
| Dated                 |  |
| Dated                 | December 5. 2021.  Signature of a member or authorized representative of a member  |

Filing Fee: \$25.00