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T. MATTHEWS

DEC 13 2021

COVER LETTER

Div	ision of Corp	porations			
SUBJECT:		TERFLY ESSENTIALS, LLC			
oobone i.		Name of Lim	ited Liability Company	 	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please returr	all correspoi	ndence concerning this matter	to the following:		
		JOANNA L HAYNES			
			Name of Person	,	
	RAREBUTTERFLY ESSENTIALS LLC				
Firm/Company				·	
		504 ELDRIDGE ST			
			Address		
		CLEARWATER, FL 337	78		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notifi	cation)	
For further in	nformation co	oncerning this matter, please ca	all:		
JOANNA L	HAYES		727 851-1902		
Name of Person		Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25,00 1	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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RAREBUTTERFLY ESSENTIALS, LLC

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

	03/10/2021	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000115916	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liahil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
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 a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter the</u>	
	Enter Florida street address	
	, Florid	đaZip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and a provided for in Chapter 605, F.S.	I am familiar with and 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

Address 21 DEC -2 PH 3: 29 AMBR = Authorized Member Title Name Type of Action MGR JOANNA L. HAYNES 11801 129TH AVE N LARGO, FL 33778 _____ DRemove _______ **=**Change _____ Remove _____ Change □Add □Remove _____ [I]Change _____ □Add _____ □Remove ______ Change ______ Remove ____ _ Change

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		NOVEMBER 29, 2021
ffective d	late, if other than the date of fil	ung; (optional)
an effective lote: If th	e date is listed, the date must be specific e date inserted in this block does no	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (of meet the applicable statutory filing requirements, this date will not be listed as t
ocument's	s effective date on the Department of	of State's records.
racard en	reifiae a dalumad affection data. Est	not an effective time at 12:01 at the effect of (1). The Ood 1 for the
record spe d is filed.	remes a delayed effective hate, but	not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
	NOVEMBER 29	2021
ated	NOVEMBER 29	_1
-	> ! ! launu	f a member or authorized representative of a member
	Signature of	f a member or authorized representative of a member
		JOANNA L. HAYNES

Filing Fee: \$25.00