L21000184231

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Busiless Eliuty Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
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| SUBJECT: Heartand Soul Candle and Soap Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Yolandia Stinson Name of Person |
| Heart and Soul Candle and Soap |
| 1790 Lantanact NW |
| Palm Bay, 71, 32907 City/State and Zip Code |
| E-mail address: (to be used for future annual eport notification) |
| For further information concerning this matter, please call: |
| Mame of Person at (321) 225-1595 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |

Mailing Address:

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

| Heartand Soul Can (Name of the Limited Liability Con (A Florida Limited) | apany as it now appears on our recorded Liability Company) | D LLC |
|--|--|---------------------------------|
| The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000184231</u> . | ny were filed on 41212 | O 2 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | ral Products | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 20 |
| (Principal office address MUST BE A STREET ADDRESS) | _ | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 1, p;; l.: 52 |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our records, enter | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addre: | 55 |
| | , Fl | orida 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| <u>.</u> | | | □Add |
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| frective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing in occurrent's effective date on the Department of State's records. | |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on is filed. | the earlier of: (b) The 90th day after the |
| Yolandia Stinson Yolandia Stinson Typed or printed name of signee | |
| Mahandia Ottiman | |