L21000210004

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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE		FUMES AND MORE LLC		
SOBJE	C.1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		BLANCA SOLEDAD HE	RRERA LARA	
			Name of Person	
			Firm/Company	
		2500 LANTANA RD API		
			Address	
		LANTANA, FLORIDA 3.		
		feodecker73@gmail.com	City/State and Zip Code	
			to be used for future annual report no	otification)
For furtl	ner information c	oncerning this matter, please c	all:	
BLANC	'A SOLEDAD II	ERRERA LARA	561 294-9568 at ()	
	Name o	f Person	Area Code Days	ime Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		Street Address: Registration S	Section
	Division of C	orporations	Division of Co	orporations
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Mon	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 MAY 24 PM 2: 59

J & K PERFUMES AND MORE LLC

(Name of the Limit	ed Liability Con (A Florida Limit	npany as it now appears (ed Liability Company)	on our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L21000210004</u>		my were filed on 05/05	5/2021	and assigned
This amendment is submitted to amend the folio				
A. If amending name, enter the new name of	<u>f the limited li</u>	iability company here	<u>2</u> :	
N/A				
he new name must be distinguishable and contain the w	ords "Limited Li	ability Company," the des	ignation "LLC" or the abb	previation "L.L.C."
Inter new principal offices address, if applications	able:	N/A		
Principal office address MUST BE A STREE				
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE I	BOX)			
			····	
3. If amending the registered agent and/or re	owistand offic	an address on our roo	ands antom the name	a af tha naw roai
s. It amending the registered agent and/or re igent and/or the new registered office addres		e address on our rec	orus, <u>enter the hamo</u>	<u>: or the new regi</u>
Name of New Registered Agent:	N/A			
Name Bandatanad Office Address				
New Registered Office Address:		Enter Florid	a street address	
			Florida	
		City	, 1101101	Zip Code
New Registered Agent's Signature, if changing R	Registered Age	nt:		
New Registered Office Address:	d agent and a	City nt: igree to act in this ca	, Florida, pacity. I further agr	ee to co

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 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

Addition Action Action

21 MAY 24 PM 2: 59

<u>Title</u>	Name	Address	Type of Action
AMBR	BLANCA S HERRERA LARA	2500 LANTANA RD APT 1115	
		LANTANA, FL 33462	□Remove
			□Add
			□Remove
-			Change
			CAdd
			□Remove
			□Change
			□Add
			□Remove
-			□Remove
			©Change
			□Add
			□Remove

N/A	21 MAY 24 PM 2: 59
	2, -
	<u> </u>
-	
tive date, it other than the date of Hing: ffective date is listed, the date must be specific and cannot	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605
If the date inserted in this block does not meet the	e applicable statutory filing requirements, this date will not be list
ment's effective date on the Department of State's	records.
and an ariff are distanced officering data but not one off	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
filed.	ective time, at 12.01 a.m. on the earner or. (b) The 90m day are
d 05/20	
S N N	
Signature of a member	r or authorized representative of a member

Contract Contract

Filing Fee: \$25.00