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SECTION OF STATE

COVER LETTER

Division of Corporations
SUBJECT: Zeitabu Home Fragaries LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Wtia Cilmure Name of Person
Zeitato Home Fagances LLC
3671 Turte Run Blvd # 1337
City/State and Zip Code
Zentary fragances egmail. (Um E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Utria Gilmure at 501 A11-1729 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{align*} \mathbb{\text{\$\sigma}} \text{\$
\$25.00 Filing Fee \$30.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) \$30.00 Filing Fee & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

TO:

Registration Section

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

Zeitaho Hone Faganes UC (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 5/7/2031 and assigned Florida document number <u>L21 000214 179</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Zeitato (Andle LLL
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or 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 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 Florida
City 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 th 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
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<u>Title</u>	<u>Name</u>	Address	Type of Action
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