h21000318691

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Y. SCOTT FEB - 5 2022

COVER LETTER

TO:	Registration S Division of Co				
CUD IE		TE FRAGRANCES AND MOR	RE LLC		
SUBJEC	Name of Limited Liability Company				
The encl	losed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
		Corey Bray			
			Name of Person		S 23
		LegalNature LLC			2022 JAN 24 PM 3: 09 SEGRETARY OF STATE SEGRETARY SEE. FL
			Firm/Company		AZ AZ
		8 The Green Suite 4336			750 F P
			Address		SEES 3
		Dover, DE 19901			1915 1915 1915 1915
		michelenemilord@gmail.co	City/State and Zip Code		, ,
			to be used for future annual report not	ification)	
For furth	ner information	concerning this matter, please c	all:	·	
Corey B	Iray		888 881-1139		
	Name	of Person		ne Telephone Number	
Enclosed	d is a check for	the following amount:			
■ \$ 25.	00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
	Mailing Addre Registration Division of OP.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee se Street, Suite 81	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXQUISITE FRAGRANCES AND MORE		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Company were filed on 07/13/2021	and assigned
Florida document number L21000318691		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Your Goodie Shop LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	DZZ J
Principal office address MUST BE A STREET ADD	RESS)	C-17 A
		王元 21
		SSE PH
Enter new mailing address, if applicable:	N/A	TO W
Mailing address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records,	enter the name of the new registered
Name of New Registered Agent: N/A		
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 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>	Name	Address	Type of Action
	N/A		□ Add
			□ Remove
		 	□ Change
			SE SEA
			SE DRAdd SE DRETARY
			SO TO TO
			E.F. S.
			□Remove
			Change
			□ Add
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effective of	te, if other than the	st be specific and c	annot be prior t	o date of filing	or more than 90	(optiona days after filin	ig.) Pursuant to 605.0
ument's e	date inserted in this b ffective date on the D	epartment of Sta	et the applica ite's records	bie statutory	ttiing requiren	ienis, this da	te will not be listed
cord spec s filed.	fics a delayed effectiv	e date, but not a	n effective tir	ne, at 12:01 a	.m. on the ear	lier of: (b)	The 90th day after (
Janua ed	y 10		2022	. 1	1		
_		Michele	ne 1	lisosl			
	(Signature of a me	ember or athlio	rized represe <u>n</u>	ative of a memb	CI	
				-			

Filing Fee: \$25.00