

121 000351180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

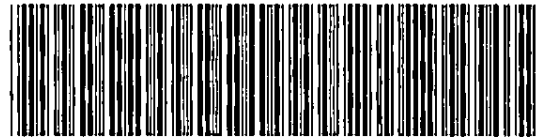
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100380068871

01/24/22--01015--025 \*\*25.00

22 JAN 24 PM 3:13

T. MATTHEWS

JAN 28 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Redolent Scents LLC  
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:

Filing Department

\_\_\_\_\_  
Name of Person

BetterLegal Solutions LLC

\_\_\_\_\_  
Firm/Company

750 North Saint Paul St Suite 250, PMB 35833

\_\_\_\_\_  
Address

Dallas, TX 75201

\_\_\_\_\_  
City/State and Zip Code

filings@betterlegal.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Filing Department 512 969 - 2339  
\_\_\_\_\_  
Name of Person at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

22 JUL 24 PM 3:13


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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Raquisha Cato	1127 Royal Palm Beach Blvd	<input type="checkbox"/> Add
		NUM337 ROYAL PALM BEACH	<input type="checkbox"/> Remove
		FL 33411-1693	<input checked="" type="checkbox"/> Change
MGR	Ronteria Brown	1127 Royal Palm Beach Blvd	<input type="checkbox"/> Add
		NUM337 ROYAL PALM BEACH	<input type="checkbox"/> Remove
		FL 33411-1693	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 31 DECEMBER 1961

4021

Signature of a member or authorized representative of a member

Raguisha Cato

**Filing Fee: \$25.00**