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TO:	Registration So Division of Co		* * * * * * * * * * * * * * * * * * *	
SUBJE		ce Plus LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Christian G Burgos		
			Name of Person	
			Firm/Company	
		1090 SW Bay State Rd		
			Address	
		Port St Lucie, FL 34953		
			City/State and Zip Code	
		lefragranceplus@gmail.com E-mail address; ()	to be used for future annual report notific	ration)
For furt	her information c	concerning this matter, please ca	·	
Christia	n G Burgos		954 790-8910 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for t	he following amount:		
■ \$2 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		Street Address: Registration Sect	ion

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Le Fragrance Plus LLC (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 $\frac{08/23/2021}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 City

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
MGR	Jon Rene Burgos	1801 SW Renfro St	
		Port St Lucie, FL 34953	
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e record specifies a rd is filed.	delayed effective date	:. but not an effect	ive time, at 12:0	l a.m. on the earli	er of: (b) Th	e 90th day after	the
October 5 Dated		2021	·				
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	Signa n Giovane Burgos	iture of a mesuser of	authorized repres	enauve of a memoe	ı		

Filing Fee: \$25.00