

L2100047185
 Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON
 Account Number : 076376001555
 Phone : (803)255-9617
 Fax Number : (561)483-7321

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Bill@billjenningscpa.com

2022 SEP -2 AM 8:13

2022 SEP -2 PM 5:02
 SECRETARY OF STATE
 TALLAHASSEE, FL

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 D&H SERVICES LLC**

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C. BRUMBLEY
 SEP - 6 2022

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Ron Rice Quality Suncare Products 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 10/29/2021 and assigned
Florida document number L21000471155

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: 1900 N Atlantic Ave, Unit 703
Daytona Beach, FL 32118
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL
SECRETARY OF STATE

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 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

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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	Ronald Rice	175 Ocean Shore Blvd.	<input type="checkbox"/> Add
		Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	William Jennings	1900 N Atlantic Ave, Unit 703	<input checked="" type="checkbox"/> Add
		Daytona Beach, FL 32118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	William Jennings	1900 N Atlantic Ave, Unit 703	<input type="checkbox"/> Add
		Daytona Beach, FL 32118	<input checked="" 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

