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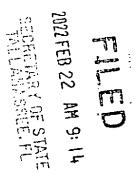
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A. BUTLER MAR 2 - 2022

## **COVER LETTER**

	gistration Section ision of Corporations
CONTROL	Hillbilly Candle Company, LLC
SUBJECT:	Name of Limited Liability Company
	Articles of Amendment and fee(s) are submitted for filing.  n all correspondence concerning this matter to the following:
	Kelly Riegel-Green
	Name of Person
	K G Law
	Firm/Company
	23885 Denton St. Siert L
	Clinton Twp Mi 48036  City/State and Zip Code  Kelly & Kgreen M.O., Com  E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
_Kplly	RICGEL-GIAN at (248) 850-10033  Number of Person Area Code Daytime Telephone Number
Enclosed is	check for the following amount:
ا \$25.00 ك.	Filing Fee \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status } \Bigcup \$\$55.00 \text{ Filing Fee & Certificate of Status } \Bigcup \$\$ Certified Copy (additional copy is enclosed)

Mailing Address:

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

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

## ARTICLES OF AMENDMENT FILED TO FILED ARTICLES OF ORGANIZATION OF 2022 FEB 22 AM 9: 14

Hill billy Carlle Curry (Name of the Limited Liability (A Florida	SECHETARY OF STATE  MAINULLIC TALLAHASSEE, FL
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited-Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 21005/1444</u>	ompany were filed on 12/6/21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	PESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the name of the new registered</u>
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 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 Type of Action **Address** <u>Title</u> Name mGR Marquerite Philis 18427 NW 1174 St. PAdd

Pernbroke Pin's, FL Remove
330-29 \_\_\_\_\_ []Change \_\_\_\_\_ □Remove \_\_\_\_\_ DAdd \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_ Change \_\_\_\_\_ □Change □Remove

☐Change

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ective	e date, if other than the date of filing:	(optional)
<u>te:</u> If	ctive date is listed, the date must be specific and cannot be prior to date of filing or more to f the date inserted in this block does not meet the applicable statutory filing rec	han 90 days after filing.) Pursuant to 605.020 quirements, this date will not be listed a
zumen	nt's effective date on the Department of State's records.	
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s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	ie earner of, (0) The som day after the
ted	4/1/2022	
	Dona Holl	
	A DATE IN A X VI	
	Signature of a member or authorized representative of a	member
	Helly Raifl-Evira	member