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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

		<i>*</i>				
SUBJECT: CANDELA OPERATIONS, 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:						
	· · · · · · · · · · · · · · · · · · ·	ű				
	Melissa Candela					
		Name of Person				
	···	Firm/Company				
	231 Dosel Ln	Address	<del></del>			
	St Augustine, FL 32095	City/State and Zip Code				
	candela.operations@gmail. E-mail address: (		ification)			
For further information of	oncerning this matter, please c	all:				
Melissa Candela		at (805 ) 235-2574				
Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for the	he 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:		Street Address:	ation			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2021 DEC 20 PM 12: 33

CANDELA OPERATIONS, LLC	TALLARY OF	<u> </u>
( <u>Name of the Limited Liabi</u> (A Florie	lity Company as it now appears on our records.)	<b>;</b>
	• • •	6
The Articles of Organization for this Limited Liability	Company were filed on December 06, 2021	and assigned
Florida document number <u>L.21000514715</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	PRESS)	·
Enter new mailing address, if applicable:		
•••		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registere	ed office address on our records, enter the na	ime of the new regi
agent and/or the new registered office address here:		
N. C. N. C. L.		
Name of New Registered Agent:		
New Registered Office Address:	e. P. C.	
	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

<u>Title</u>	Name	Address	Type of Action
MGR	Stephanie Candela	231 Dosel Ln	□Add
		St Augustine, FL 32095	Remove
			□Change
MGR	Stephanie Stacy	231 Dosel Ln	
		St Augustine, FL 32095	■Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
		<del></del>	□Remove
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		·	□Add
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			Change
	····		□Add
			□Remove
			Change

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Signature of a member or authorized representative of a member		Signature of a member or autho	rized representative of a memb	er
	Melissa Candela			
Melissa Candela		Typed or printe	1 name of signer	