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T. MATTHEWS APR - 1 2022

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registratio Division of	n Section Corporations		
Serend SUBJECT:	ipity Candle Company LLC		
SUBJECT.	Name of Lir	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	respondence concerning this matte	r to the following:	
	Nicole Lopez		
		Name of Person	
	Serendipity Candle Comp	pany LLC	
		Firm/Company	
	20 Calvary Crt		
		Address	
	Crawfordville FL 32327		
		City/State and Zip Code	
	nicolelopez2614@gmail.co	om (to be used for future annual report no	difference (
For further informati	ion concerning this matter, please		ottication)
Nicole Lopez		509 314-9500	
Na	me of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fo	ee S30.00 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 Ad		Street Address:	action
Registration Section Division of Corporations P.O. Box 6327		Registration S Division of Co	
		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Serendipity Candle Company LLC

221...21 [113:23

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

	ı	City	Zip Code
	Crawfordville	, Floric	la <u>32327</u>
		Enter Florida street address	
New Registered Office Address:	20 Calvary Crt		
Name of New Registered Agent:	Nicole Lopez		
		ess on our records, <u>enter the</u>	name of the new registered
(Mailing dadress MAT BE A POST OFFICE			
	- POY		
Enter new mailing address, if annlicables			
(Principal office address MUST BE A STRE.	<u>ET ADDRESS)</u>		
<u>-</u>	·	onpany, and areagnasses. 222 or	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" or	the abbreviation "L.L.C."
New Registered Office Address: 20 Calvary Crt Enter Florida street address Crawfordville , Florida 32327			
This amendment is submitted to amend the fol	lowing:		
Florida document number	·		
		e filed on	and assigned
The Articles of Organization for this Limited I	iability Company ware	6led on 01/31/2022	and assigned

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
MBR	Nicole Lopez	20 Calvary Crt	□Add
		Crawfordville FL 32327	□Reinove
		AMBR to MBR	≡ Change
			□Add
			□Remove
		-	□Change
			Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			Remove
			□Change
	·		□Add
			□Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effo	ve date, if other than the date of filing:	07 (3 as th
he record ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.	ie
Dated _.	3-17-2027 Signature of a member or authorized representative of a member	
	Nicole Lopez Nicole LoPeZ Typed or printed name of signee	