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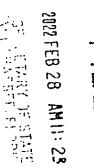
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Danlia'S ESSence 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:	
Scurtay Andrea Bostick Name of Person	
Dahlia's Essence LLC Firm/Company	
P.0 box 489 Address	
bighland City, F1 33846 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	\mathfrak{M}
For further information concerning this matter, please call:	
Saurtay America Bostick at (863) 7-38-448 Name of Person Area Code Daytime Telephone No.	umber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)
Mailing Address: Street Address:	

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 TO ARTICLES OF ORGANIZATION OF

FILED

(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 <u>2</u>17/2022 and assigned Florida document number <u>L22 0000</u> L238A 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 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
<u> 18R</u>	Saurray Andrea Bostice	U813 Hampshire Blud	X Add
		Lareland, FT 33813	Remove
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	Folding Myser Sauntay Andrea Bostick
Õ	is an Authorized Member.
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ffecti	ve date, if other than the date of filing: (optional)
an effe ote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
ecore	I 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.
ated <u>:</u>	February 18, 2022