KZZ000064378

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A. BUTLER MAR 2 9 2022

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Sub					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Toanisha Rowe Name of Person					
Scentual XXOtics LLC Firm/Company					
2541 Centergate DR Apt. 201					
City/State and Zip Code Scentual XX ofics @ Gmail. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Toanisha Rowe 11,754,581-7059					
Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee					

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

ARTICLES OF ORGAN	IZATION
OF	FILED
Scentual XXotics L	LC 2022 MAR 15 AM 7: 12
(Name of the Limited Liability Company as it nov	
(A Florida Limited Liability Con The Articles of Organization for this Limited Liability Company were filed Florida document number 2200064378	O TAIL ARY OF STATE
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "L.L.C." or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

	. Florida
New Registered Office Address:	Enter Florida street address
Name of New Registered Agent:	

City

New Registered Agent's Signature, if changing Registered Agent:

Enter new principal offices address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

agent and/or the new registered office address here:

Enter new mailing address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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

Zip Code

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
MGR	Ericka Jenrette	17373 NW 7th Avenue	_4.103 _⊠Add
		MiAmi, FL 33169	□Remove
			Change
MGR	Marquise Jenrette	17373 NIW 7th Avenue	🗔 Kdd
	,	Apt. 103	
		miani, Pl. 33169	□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Chanaa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated 39 , 302 .
Signature of a member or authorized representative of a member
Typed or printed name of signee
Typed or printed name of signee