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## **COVER LETTER**

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	egistration Section ivision of Corporations		X.
UD IFOT	Family More Candle Company LLC		•
SUBJECT	Name of Lim	nited Liability Company	<del></del>
he enclose	ed Articles of Amendment and fee(s) are sub	omitted for filing.	
lease retu	rn all correspondence concerning this matter	to the following:	
	Sasha Frazer		
		Name of Person	
			202
		Firm/Company	22 SE
	8403 Pines Blvd Ste 1272		2022 SEP -6 PH 12
		Address	
	Pembroke Pines, Fl 33024	•	PH12: 07
	<del></del>	City/State and Zip Code	: 07
	familymorecandlecompany	<del>-</del> ·	
or further	E-mail address: ( information concerning this matter, please c	to be used for future annual report notifications	on)
Sasha Fraz	•	786 3839143	
	Name of Person	at ()	ephone Number
		·	
inclosed is	a check for the following amount:		
□ <b>\$</b> 25.00	Filing Fee \$30.00 Filing Fee & \\ Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address:	Street Address:	n
	egistration Section ivision of Corporations	Registration Section Division of Corporation	
P.	O. Box 6327	The Centre of Talla	hassee
T	allahassee, FL 32314	2415 N. Monroe St	reet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Family More Candle Company LLC

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

(A Florida Lim	ited Liability Company)	
he Articles of Organization for this Limited Liability Complorida document number <u>L22000167428</u>	pany were filed on April 07,2022	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
amily More Services LLC		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
		1022 SEP
		Ş <del>E</del> P
nter new mailing address, if applicable:		- Filt
Mailing address MAY BE A POST OFFICE BOX)		<b>72</b>
		12: 0
		07
. If amending the registered agent and/or registered off	ice address on our records, enter the n	ame of the new registered
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Ag	ent:	
hereby accept the appointment as registered agent and rovisions of all statutes relative to the proper and comp ccept the obligations of my position as registered agent eing filed to merely reflect a change in the registered of ompany has been notified in writing of this change.	lete performance of my duties, and I a as provided for in Chapter 605, F.S. (	m familiar with and Or, if this document is
ŢĘ,	Changing Pegistered Agent Signature of New	Poristand 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> Fitle</u>	<u>Name</u>	Address	Type of Action
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			□ Change
			□Add
		•	□ Remove
			□ Change
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		<u>구</u> 경우도 등 경우
		7 %
Septemb  If an effective date is listed, the date must be specific and cannot be printed.  If the date inserted in this block does not meet the apple.	to date of filing or more than 90 days afficient statutory filing requirements, the	
locument's effective date on the Department of State's record		
	ime, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
d is filed.	ime, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated September I . 2022		(b) The 90th day after the
Jaked	orized representative of a member	(b) The 90th day after the