## 422000227802

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJEC	Concoct Car	Idle Company, LLC
	Name o	f Limited Liability Company
The enc	osed Articles of Amendment and fee(s) ar	e submitted for filing.
Please re	turn all correspondence concerning this m	atter to the following:
		Tamara Gant
		Name of Person
	Conc	oct Candle Company, LLC Firm/Company
		•
	1027	37 Avelar Ridge Drive
		Audiess
	K,	verview, FL 33578
	ð	+ Iganto4 Egmail Com
	•	ess: (to be used for future annual report notification)
For furth	er information concerning this matter, ple	ase call;
	Tamara Gant	at (813) 731-9771
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	,
□ \$25	00 Filing Fee Solution State S	

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

58.0

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Concoct	Candle Compan	4,LLC	22 JU				
(Name of the Limited Liabil (A Florid	ity Company as it now appears a Limited Liability Company)	on our records.)	119				
The Articles of Organization for this Limited Liability Of Florida document number <u>L2200022780</u> This amendment is submitted to amend the following:		05/16/22	and assigned				
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :					
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."				
Enter new principal offices address, if applicable:	<del></del> .						
(Principal office address MUST BE A STREET ADDI	RESS)						
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our rec	ords, enter the nam	e of the new registered				
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida street address						
		, Florida					
	Ciţy		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>	<u>Name</u>	<u>Address</u>	Type of Action
A <u>MBR</u>	Todd Mason Jr.	10237 Avelar Ridge D	R □Add
		10237 Avelar Ridge D Riverview, FL 33578	Remove
			□ Change
			□Add
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cument's effective date	on the Department	of State's (	records.						
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