L22 000 420 545

(Requestor's Name)	
(Address)	-
(Address)	
(City/State/Zip/Phone #) MAIL
(Business Entity Name	
(Document Number)	
Certified Copies Certificates o	f Status
Special Instructions to Filing Officer:	
Office Use Only	



500396239675

10.00/23--01009--028 **25.00

2022 OCT 20 AM II: 51 SECRETARY OF STATE TALL AND SEEL FL

COVER LETTER

TO:	Registration Section Division of Corporat	ions								
CHD II	Scentsbynkeshii I	,l.C					•			
SUBJE	<u></u>	14	ame of Limi	ited Liability Co	mpany					
The en	closed Articles of Amen	dment and fee	(s) are sub	mitted for filin	g.					
Please	return all correspondenc	e concerning t	his matter	to the followin	g:					
	w	'illiam Bell								
	_			Name of	Person					
	N	ew Business F	iling							
				Firm/Co	mpany					
	81	70 Washingto	n Village I	Drive						
	_		<u>-</u> -	Addr	ess			S	3	
	D	ayton OH 454:	58					ECRE TALL	anaa nc.T	
	_			City/State and	i Zip Code			AAR AAR	7 20	A PARES (SEASON)
	ord	ers@newbus	-		ture annual report	notification)		.12		T
C 6					ture annual report	notification)		in or	至1:5	
	ther information concert	ing this matte	r, piease ca					근র	15	
Willian				888 at (
	Name of Perso	วก .		Area	i Code Daj	ytime Telepho	one Number			
Enclose	ed is a check for the foll	owing amount	:							
≘ \$2	5.00 Filing Fee 🔲	\$30.00 Filing Certificate o		Certifie	Filing Fee & d Copy at copy is enclosed)		Certified	e of Status		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		rations			Street Address Registration Division of the Centre of 2415 N. Mo Tallahassee.	Section Corporation of Tallahas nroe Street	see t, Suite 8	10		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scentsbynkeshii LLC

(<u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number L22000420545	mpany were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and sent as provided for in Chapter 605, F.S. Or, if this document is a doffice address, I hereby confirm that the limited liability
	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

Title	<u>Name</u>		Address	Type of Action
MGR	Curtis Schuster	· · · · · · · · · · · · · · · · · · ·	1605 Annabellas Way Panama City Beach	\ Add
			Florida 32407	□Remove
				□Change
				□Add
				🗆 Remove
				□Change
			ALLARIASSEE	SECRETARY
			(%) (%) (%) (%)	Change Change
				□Remove
				□Change
				🗆 Add
				□ Remove
				🗆 Change
				□Add
				□ Remove
				□Change

D 16		anton sharmofol home (Attack additional about if management)
v. II am	ending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)
		3 202 7AC
		22 00 TALLE
		AAR 20
		77 5
F Fffor	tive date, if other than the dat	te of filing: (optional)
(If an e	ffective 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 (3)(0)
docu	ent's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not be listed as the timent of State's records.
If the record is		te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	_October 14	2022
Date	3	
	Sign	nature of a member or authorized representative of a member
	Danielle Murdock	
		Typed or printed name of signee