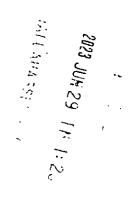
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COVER LETTER

TO:	Registration Se Division of Co		F on .	
		DLE COMPANY, LLC	·	
SUBJE	CCT:	Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JOHN E MICHAUD		
			Name of Person	
		JEM CANDLE COMPAN	Y, LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		141 FLORIDA PARK DRI	IVE	
			Address	
		PALM COAST, FL 32137		
			City/State and Zip Code	
		jemcandleco@gmail.com		
		E-mail address: (to be used for future annual report no	tification)
For fur	ther information	concerning this matter, please ca	ıll;	
JOHN	E MICHAUD		262 822-8646 at ()	
	Name	of Person	Area Code Dayti	me Telephone Number
Enclos	ed is a check for t	the following amount:		
		_	C 655 00 Elling Eng 9	C \$60.00 EH E
⊟ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration		Street Address: Registration S	ection
	Division of (Division of Co	
	P.O. Box 63	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEM CANDLE COMPANY, LLC

2023 JUli 29 PM 1: 2.

(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 12/07/2022 Florida document number L22000513961 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 "L.L.C." 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: 141 FLORIDA PARK DRIVE New Registered Office Address: Enter Florida street address

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.

Ciry

PALM COAST

Florida 32137
Zin 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
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Effective date, if other than the date of filing: 96/26/2023 (optional) (If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Dated JUNE 26 2023 JUNE 26 JUNE 26 JUNE 26 JUNE 26 JUNE 27 JUNE 26 JUNE 26 JUNE 26 JUNE 26 JUNE 26 JUNE 26 JUNE 27 JUNE 26 JUNE 26				· · · · · · · · · · · · · · · · · · ·	_
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