L22000523335

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COVER LETTER

TO: Registration S Division of Co		, 64				
Sunford Soaps LLC SUBJECT: Name of Limited Liability Company						
Please return all corresp	ondence concerning this matter to	the following:				
	Harold Smauley					
Name of Person						
Sanford Soaps LLC						
Firm/Company						
2401 Grandview Ave. S.						
Address						
	Sanford, Florida 32771					
City/State and Zip Code						
	Smauleyh@gmail.com E-mail address: (to be used for future annual report notification)					
For further information	eoneerning this matter, please cal		ncauon)			
Harold Smauley		407 416-0949 at ()				
Name	of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for	the following amount:					
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)			

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

Sanford Soaps LLC (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 $\frac{12/14/2022}{1}$ and assigned Florida document number 1,22000523335 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 "LLC" or the abbreviation." 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: New Registered Office Address: Enter Fiorida street address City

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Palmer J. Leary	209 W. Alva St.	
		Tampa. Fl 33603	
			☐ Change
AMBR	Frank Mele	2315 W. North A St.	■ Add
		Unit #6	□ Remove
		Tampa, Fl 33609	□ Change
			□Add
			□Remove
			☐ Change
			LAdd
			□Remove
			□ Change
			□Remove
			Change
			□Remove
			□Change

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: 03/09/2023 (If an effective date is listed, the date was the control of the date of filing). (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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. March 09 2023 Signature of a member or authorized representation of a member Harold W. Smauley Typed or printed name of signee

Filing Fee: \$25.00