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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 : (917)243-5843 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

 $\mathfrak{S}$ 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PUDL LLC

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Help

APR. 26 2024 T. LEMIEUX To:

## ARTICLES OF AMENDMENT TO · ARTICLES OF ORGANIZATION

| ¥  |   |  |
|--|---|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited   | ny as it now appears on our records.)<br>Liability Company) | <del></del>                            |
| The Articles of Organization for this Limited Liability Company Florida document number L23000008975 | were filed on January 4, 2023                               | and assigned                           |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:   |  |
| SCENTO, LLC  |   |  |
| The new name must be distinguishable and contain the words "Limited Liabi                            | lity Company," the designation "LLC" or the                 | abbreviation "L.L.C."                  |
| Enter new principal offices address, if applicable:  | 6000 Collins Ave. #142                                      |  |
| (Principal office address MUST BE A STREET ADDRESS)  | Miami Beach, FI 33140                                       |  |
| Enter new mailing address, if applicable:  | 6000 Collins Avc. #142                                      |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | Miami Beach, Fl 33140                                       |  |
| B. If amending the registered agent and/or registered o  | Goo address on our records and                              | D Some of the re                       |
| registered agent and/or the new registered office address her  |   | po<br>C)                               |
| Name of New Registered Agent:  |   | <del></del>                            |
| New Registered Office Address:   | EnterFloridastreetaddress                                   | —————————————————————————————————————— |
|  |   | Ç. Q                                   |
|  | , Florida _   | ZipCode                                |

## 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

. Page: 5 of 6

To:

2024-04-25 13:53:54 CDT

Lexitas

From: Carol Panchana

\_□ 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<br>AMBR = Authorized Member |         |          |                   |  |
|---|---------|----------|-------------------|--|
| <u>Title</u>                              | Name    | Address  | Type of Action    |  |
|   |         |          | Add               |  |
|   |         |          | Remove            |  |
|   |         |          | Change            |  |
|   |         |          | Add               |  |
|   |         |          | Remove            |  |
|   |         |          | ☐ Change          |  |
|   |         |          | Add               |  |
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|   |         |          | ☐ Change          |  |
|   |         |          | <del>[]</del> Add |  |
|   |         |          | □ Remove          |  |
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|   |         |          | □ Change          |  |
|   | <u></u> |          | Add               |  |
|   |         | □ Remove |                   |  |
|   |         |          |                   |  |

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