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## **COVER LETTER**

	Registration Se Division of Cor						
SUBJEC	• •	ASCENT LLC					
,	••		ited Liability Company	_			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	um all correspo	ondence concerning this matter	to the following:				
		PINTO JESUS					
		<del>-</del>	Name of Person				
		PLEROMA SCENT I	.I.C				
		<del></del>	Firm/Company	<del></del>			
		145 ABERDEEN ST					
			Address	<del></del>			
		CHAMPIONS GATE, FL	. 33896				
		City/State and Zip Code					
		ibisrosemary@gmail.com		<del></del>			
For furthe	r information c	n-mail address: ( oncerning this matter, please of	to be used for future annual report notification)				
JESUS PI		oncerning this matter, prease of					
		f Person	305 560-0638 at () Area Code Daytime Telephone Nu				
			Accessore Dayline Telephone (vi	meet			
Enclosed i	is a check for th	ne following amount:					
<b>≘</b> \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Certified	00 Filing Fee, ificate of Status & ified Copy ional 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PLEROMA SCENT LLC (Name of the Limited Liv	chility Company as it now appears on our records	<u></u>
(A Fig	ibility Company as it now appears on our records orida Limited Liability Company)	<u>'</u>
The Articles of Organization for this Limited Liabilit	y Company were filed on 03/30/2023	and assigned
Florida document number L23000160031	·	
This amendment is submitted to amend the following	). 2'	
A. If amending name, enter the new name of the	limited liability company here:	~ 3
PLEROMA SCENTS LLC		7023
The new name must be distinguishable and contain the words."	Limited Liability Company," the designation "LLC"	or the abbreviation du.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET AL	ODRESS)	<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registon agent and/or the new registered office address here.		the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enger Furnau Street daaress	
_		orida
_	Ciţy	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:	

Thereby 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
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an effecti ote:  f	ive date is listed, the dat the date inserted in th	e must be specific a us block does not	nd cannot be prior	r to date of filing rable statutory	or more than 96 filing require	days after filin	g.) Pursuant to 60 e will not be lis	5.0207 ( ted as t
ocumen	t's effective date on t	he Department of	'State's records	·		, , , , , , , , , , , , , , , , , , , ,		
record s is filed	specifies a delayed eff	ective date, but no	ot an effective t	ime, at 12:01 a	um, on the ca	dier of: (b) T	he 90th day aft	er the
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ated		Signature of a	See Fi a member or auth	nto orized represent	ative of a mem	ber		

Filing Fee: \$25.00