L23000216171

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special manuactions to 1 ming Smooth

Office Use Only



400415965254

09/21/23--01011--003 **25.00

09/21/23--01011--004 **5.00

2024 SEP 21 PM 1: 55 SECRETARY OF STATE

ly,



October 3, 2023

TAMIKA THOMPSON 3905 RAPA RD #474 OLDSMAR, FL 34677 US

SUBJECT: SAINT WICK CANDLE COMPANY LLC

Ref. Number: L23000216171

We have received your document for SAINT WICK CANDLE COMPANY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Registered agent can only have one address two is listed.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6050.

SHANTELL BROWN Regulatory Specialist II

Letter Number: 223A00022837

www.sunbiz.org

Division of the property of th

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations					
suвјест: <u>Sala</u>		ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Tam	Ka Thompsor Name of Person	<u> </u>			
	Sound WILL	k condle to.	<u></u>			
	3905 Tampo	on Rod #474 Address	4			
	Udsmar, E	City/State and Zip Code		SEC T/	2024	
	Spintwickcom E-mail address: (1	Alew Egmail. WM o be used for fature annual report notif	ication)	RETA	SEP 2	,
For further information co	oncerning this matter, please ca	ill:		RY OF	_ ⊋	
Tamba Th	10mpSbm	at (<u>USU)</u> <u>205 - Ni</u> Area Code Daytime	Telephone Number	CRETARY OF STATE	2024 SEP 21 PM 1:55	
Enclosed is a check for th	ne following amount:					
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of Signature Certified Copy (additional copy is	Status &		
Mailing Addres Registration S	Section	Street Address: Registration Sec				
Division of C	orporations	Division of Corp	orations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sount wick Condle Company UC

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $5\sqrt{2\sqrt{2523}}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1901 Woodgler Com
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33615
Enter new mailing address, if applicable:	3905 Tampa rd.
(Mailing address MAY BE A POST OFFICE BOX)	Oldsmar, FL 3467AF & T
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	EE, FL
Name of New Registered Agent:	to mampson m
New Registered Office Address: 7907 Y	Enter Florida street address
Tax	Florida 33(0)5 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ther 1800

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 **Title Name Address Type of Action** Men now lapor AMBR 01900 Spectrum & Austra DAdd 1x 28171 Tamika Thompson 3905 Tampard #474 Odsmar Hadd ____ □Add _____ 🗆 🗀 Add

______ □Change

<u></u>	,	· · · · · · · · · · · · · · · · · · ·										_	
													
									 				
							-					_	
												_	
				_								_	
										·		_	
								_				_	
												_	
					<u> </u>		<u>-</u>			-		_	
												- ~3	
	_		- .							_	SECRE	2024 S	***
					-							SEP 2	- Î
											ARRY (_	e ex
							-						Ĺ
	<u>.</u>	 _	_ 								PA	25	*
. Effective dat (If an effective da <u>Note:</u> If the condocument's ef	date is listed date insert	, the date mu ed in this b	ist be specific lock does n	and ca ot med	nnot be pri	or to date o icable sta	of filing o	more than	90 days aff	tional) ter filing.) his date w	Pursuant to 6	05.0207	(3) the
the record speci- cord is filed.	ifies a dela	iyed effecti	ve date, but	not an	effective	time, at	12:01 a.r	n. on the	earlier of:	(b) The	90th day af	ter the	
Dated		Jur	ne 15	H= 2	202 -	<u>3</u> .							
				(1)	ber or an	COX	<u> </u>						
			Signature o		moci of au	M10112,CU 1C	presentat	ive or a mo	mioer				