123000343954

(Requestor's Name)
(Requestor's Marie)
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0.0.0
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
_
(Business Entity Name)
(Document Number)
Out to 10 in the contract of Change
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Office Hea Only



400420166224

12/11/23--01029--017 **52.50

03/18/24--01664--666 **7.38





COVER LETTER

TO: Registration Sec Division of Corp			
subject: <u>AP</u>		ed Liability Company	
	amendment and fee(s) are subn	·	
r rease return an correspon	Alexa Bar	Name of Person	
	<u>APT</u> 7	C Scents, UC	·
	1100 Bricke	Il Bay Dy F	Apt. 37-E
	Miami, FL 3	25131 City/State and Zip Code	<u>.</u>
	E-mail address: (to	be used for future annual report not	ification)
For further information co	ncerning this matter, please cal	II:	
Sarah Jack	CSOY Person	at (205) 381 Area Code Daytin	re Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 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 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

APT 76 Scen	ts, uc		ED
(Name of the Limited Lie (A Flo	ability Company as it now orida Limited Liability Com	appears on our records.) pany) 2024 HAR 18	 AH 8: 03
The Articles of Organization for this Limited Liability Florida document number <u>L23 000 343</u>	y Company were filed	on July 20, 202	2: g and assigned SEE, FL
This amendment is submitted to amend the following	7 '.		
A. If amending name, enter the new name of the		<u></u>	
7C ACCENTS, LUC The new name must be distinguishable and contain the words.	Limited Liability Company	"the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicables			
(Principal office address MUST BE A STREET AL	ODRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
			
B. If amending the registered agent and/or regist agent and/or the new registered office address he		our records, enter the nar	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:		ter Florida street address	
	En		
_	City	, Florida	Zip Code

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 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** _____ □Add □Remove ☐ Change □Add □Remove _____ □Remove _____ □Add □Remove _____ □Change _____ □Remove _____ Change

Effective date, if other than the date of filing: (tran 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 More: If the date inserted in his 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 Towns 18 . 2024 When Towns 18 . 2024 Signification of a member or authforized representative of a member		
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Dated Jan Vory 18 . 2024 . Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated	Janvary 18 . 2024.
Signature of a member or authorized representative of a member		alexa Bardat
		Signature of a member or authorized representative of a member
		Alexa Bay ton Typed or printed name of signee

Filing Fee: \$25.00



January 3, 2024

ALEXA BARTON 1100 BRICKELL BAY DRIVE APT 37-E MIAMI. FL 33131

SUBJECT: APT 7C SCENTS, LLC Ref. Number: L23000343954

We have received your document for APT 7C SCENTS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

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

Letter Number: 124A00000009

Anissa Butler Regulatory Specialist II