## 123000529118

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(Cit	y/State/Zip/Phone	<i>≠</i> #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## COVER LETTER-

Division of Co			·
	NC HOME SOLUTIONS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amerdment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CASSIA DOSSANTOS		
		Name of Person	
	D.SPARK SERVICES LL	C	
	<del></del>	Firm/Company	
	771 S. KIRKMAN RD		
		Address	
	ORLANDO / FL / 32811		
	DSPARKBUSINESS@GM	City/State and Zip Code	
	-	to be used for future annual report n	otification)
For further information of	concerning this matter, please c	all:	
CASSIA DOSSANTOS		407 669-2090	
Name c	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration S	Section
Division of C	Corporations	Division of C	
P.O. Roy 630	7	The Centre of	ETallahacene

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCENTSYNC HOME SOLUTIONS LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records. Liability Company)	ı
The Articles of Organization for this Limited Liability Company Florida document number L23000529178	were filed on 01/02/2024	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:	
4YOU FLOORING & HOME SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liab:	lity Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		
		5
Enter new mailing address, if applicable:		P.
(Muiling address MAY BE A POST OFFICE BOX)		12:
Truming underess MAT DE ATOST OFFICE DOM		12:11.5
		;·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter th</u>	ie name of the new register
•		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
New Registered Agent's Signature, if changing Registered Agent:	v	
l hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as position in the registered office.	performance of my duties, and provided for in Chapter 605, F.	Lam familiar with and S. Or, if this document is

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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\_\_\_\_\_ □Change

SCENTSYNC HOME SOLUTI	IONS LLC
Correcting name of comp	
4YOU FLOORING & HOME	
	. 302011013 220
-	
. Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ck does not meet the applicable statutory filing requirements, this date will not be listed as
the record specifies a delayed effective of cord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2024
Dated	·

Filing Fee: \$25.00