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COVER LETTER

TO:

	tration Se ion of Cor				
	C&C Cand	les and Cream			
SUBJECT: _		Name of Lin	ited Liability Company		
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ll correspo	ndence concerning this matter	to the following:		
		Jasmine Keil			
			Name of Person		
		C&C Candles and Cream	LL.C		
		 	Firm/Company		
		6025 Live Oak Drive			
		·	Address		
		Winter Haven FI, 33880			
			City/State and Zip Code		
		jaswill1998@icloud.com			
			to be used for future annual report notified	ition)	
For further info	ormation co	oncerning this matter, please c	all;		
Jasmine Keil			863 969-6662 at ()		
Name of Person		Person		elephone Number	
Enclosed is a c	heck for th	e following amount:			
★ \$25,00 Fil	ing 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			Street Address:	on.	
Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327		7	The Centre of Tall	The Centre of Tallahassee	
Talla	hassee, F	L 32314	2415 N. Monroe S	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C&C Candles and Cream LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/26/2023 and assigned Florida document number 1.24000002031 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: North Sun Scents LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			
			□Remove
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			🗀 Add
			□Remove
			□Change
			□ Remove
			[]Change

Page 2 of 3

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