· L34 0000 335 11

(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
M. SORK
N. ORN.
TO2,

Office Use Only



400422226754

01/30/24--01002--011 **25.00

PROFIVED 24 AN 30 AM 9: 00
ALLAHASSEE FLOWN

COVER LETTER

Division of Corporations	
SUBJECT: Celestial Essence (Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lionia Hila Name of Perso Celestial Esserc Firm/Company	e (and les LLC
5350 Avington E	XPY. APT-34104
On (Somille, FL) City/State and Zip of Company of the Company of	32211 Code FONCECC.COM Innual report notification)
For further information concerning this matter, please call:	
Name of Person at (754) Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
Cortificate of Status Certificate of Status Certified Copy Copy	by Certificate of Status &
Mailing Address: Stre	eet Address:

TO: Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDIVENT TO ARTICLES OF ORGANIZATION AN 30 OF OF AM 9: 02

The second control of		117/24	and assigned
The Articles of Organization for this Limited Liability Compared adocument number 24 (00033)	ny were filed on/	1 1 2 1	and assigned
Florida document number <u>L24000338 T</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the desig	nation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(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 offic	e address on our reco	rds, enter the name	of the new registered
agent and/or the new registered office address here:		<u> </u>	
Name of New Registered Agent:	<u> </u>	·	
New Registered Office Address:	Enter Florida		
	Enter Piorida	street adaress	
	Z.11.	, Florida	Zip Code
	City		zīp Coae

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lionia Hilaire	5350 Arlington Expy	DAdd
		Apt. 3404	□Remove
		Jacksonville, FC 3221	Change
AMBR	Lionia Hilaire	5350 Arlington Expy.	\(\overline{\Delta}\) Add
		Apt. 3404	□Remove
		Jacksonville, Fl 32211	
			🗆 Add
			□Remove
			□Change
	 		□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
-	
-	
-	
_	
_	
-	
-	
-	
-	
-	
-	
(If an eff <u>Note:</u>	ive date, if other than the date of filing: 1 1 2 (optional)
ne recor ord is fi	d 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 led.
Dated	January 27. 2024. Signature of a member or authorized representative of a member
	Lionia Hilaire Typed or printed name of signee

Filing Fee: \$25.00