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### **COVER LETTER**

Div	ision of Corp	oorations			
SUBJECT:	TRUNK SH				
SOBSECT.		Name of Lin	ited Liability Company		<del></del>
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	idence concerning this matter	to the following:		
		ANNA LEACOCK			
			Name of Person		
		TRUNK SHOW, LLC			
			Firm/Company		
		12628 2ND ISLE			
			Address		
		HUDSON, FL 34667			
			City/State and Zip Code		
		ANNAMLEA@OUTLOOK			
		E-mail address: (	to be used for future annual	report notification)	
For further in	iformation co	ncerning this matter, please c	all:		
ANNA LEA	COCK			04800	
	Name of	Person	at () Area Code	Daytime Teleph	one Number
Enclosed is a	check for the	e following amount:			
		☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mai	iling Address	:	Street A	ddress:	

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

TO:

Registration Section

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

TRUNK SHOW, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.24000092801}{}$ .	pany were filed on 2/22/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SMOKE SHOW FRAGRANCE CO, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	.024 S.E.E
		SER SER
		三 三 二 し
Enter new mailing address, if applicable:		SSC To ITI
(Mailing address MAY BE A POST OFFICE BOX)		mai -
Training duaress start 192711 OST OT FICE BONY		777
		<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	is .
	Fl	orida
	City	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	
	<del></del>		□Add	
			□Remove	
			□Change	
			□Add	
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		,	□Add	
			<u>_</u>	

\_\_\_\_\_ □Change

# Page 2 of 3

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	<del></del>
(If an et Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of: e 90th day after the record is filed.
Dated	l <u></u> ,,
	Signature of a member or authorized representative of a member
	ANNA LEACOCK
	Typed or printed name of signee

Filing Fee: \$25.00