Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* - i.

Shaynelewis1982@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESSENCE BLEUE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

From Corporate Service Center Inc 1.702.507.9682 Mon Oct 28 13:00:50 2024 MDT Page 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

;	ESSENCE BLEUE, LLC	
(Name of the Limit	ed Liability Company as it now appears on owr records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Torida document number <u>L24000417982</u>	ability Company were filed on 09/25/24	and assigned
his amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
inter new principal offices address, if applications	able:	······
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE i	<u></u>	
3. If amending the registered agent and/egistered agent and/or the new registered of	or registered office address on our records, fice address here:	enter the natite of the na
Name of New Registered Agent:		8
New Registered Office Address:	Enta Floridh street address	OF ST.
	City	ida 7 5 Ziji 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 Changing Registered Agent, Signature of New Registered Agent

From Corporate Service Center Inc 1.702.507.9682 Mon Oct 28 13:00:50 2024 MDT Page 3 of 4

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>	Nume	Address	Type of Action
MGR	Fedlin Louis	5100.Sw.41St.St.Unit 219	☑ Add
		Hollywood, FL 33023	☐ Remove
			□ (3mange
			□ Add
			☐ Remove
			☐ Change
***************************************			
			☐ Remove
		Alemanna and a second a second and a second	□ Change
			□ Add
			☐ Remove
			□ Change
***************			□ AdJ
			Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

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ffective date, if other than the date of filing: $\frac{N}{L}$	Д		(optional	))	
an effective date is listed, the date must be specific and cannot be specifically and specific and cannot be specific and cannot be specifically and specific and cannot be specifically and specific and cannot be specifically and sp	applicable state	filing or more tha tory lifting requ	n 90 days after fifin frements, this dat	g.) Pursuant to 605 e will not be lish	5,0207 ( ed as ti
e record specifies a delayed effective date, b The 90th day after the record is filed.	ut not an eff	ective time,	at 12:01 a.m	on the earli	er of:
rated <u>10/26/24</u>	·	8	1111	5	
		esentative of a m			

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Typed or printed name of signee

Filing Fee: \$25.00