L100000 L2119



Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Cor			
CHIDIECT	, ABUNDANCE, LLC		
SUBJECT:	Name of Lam	ited Liability Company	
The on decad Actions of	Amendment and fee(s) are sub	unitted for filing	
	ondence concerning this matter		
	Michael Merino		
		Name of Person	
	Michael H Merino P.A.		
		Firm:Company	
	6741 Orange Dr		
		Address	
	Davie, FL 33314		
		City/State and Zip Code	
	corps@merinolegal.com		
For further information c	E-mail address. (oncerning this matter, pleuse e	to be used for future annual report no all:	tification)
Michael Merino	.,	954 321-7701	
Name of Person		Area Code Dayin	ne Telephone Number
linelosed is a check for t	he following amount.		
□ \$25.00 Filing 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: Registration S	ection
Division of Corporations		Division of Corporations	
P.O. Box 633 Tallahassee.		The Centre of	Tallahassee oe Street, Suite 810
i ananassee,	しし リムシ 1 サ	24 LU IN, IVIOIII	oc street, suite oto

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLISSFUL ABUNDANCE, LLC			
(Name of the Limite	e <mark>d Liability Compa</mark> A Florida Limited	any as it now appears on ou. Liability Company)	r records.)
The Articles of Organization for this Limited Li Florida document number L10000062119	ability Company	were filed on $\frac{06/10/201}{}$	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	pility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREET ADDRESS)			2024 SEC
Enter new mailing address, if applicable:			¥-8 Y-8
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>		<u> </u>
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records	enter the name of the new registered
Name of New Registered Agent:	Michael II Me	rino _j P.A.	
New Registered Office Address:	6741 Orange I.)r	
		Enter Florida stree	et oddress
	Davie		, Florida <u>33314</u>
		Сиу	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 Changing Registered Agent, Signature of New Registered Agent

Michael H. Merino

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
MGR	WEALTH MASTERY ONE, LLC	1100 Saunleaf	🗆 🗀 Add
		Hollywood, FL 33019	≡ Remove
			∐Change
MGR	Nica LLC	1470 NE 123RD STREET, APT 1110	= Add
		NORTH MIAMI, FL 33161	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ian eile <u>Note:</u>	we date, if other than the date of filing:
recore Lis fil	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 ed.
ated _.	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00