

L140000050026

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WHIT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bliss Mgt, LLC

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:

Shelley Giantonio

Name of Person

Bliss Mgt, LLC

Firm/Company

9601 W Sample Rd

Address

Coral Springs, FL 33065

City/State and Zip Code

shelley@blisscruise.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelley Giantonio

954 707-5625

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
15 MAR -6 AM 11:46
HALL COUNTY CLERK
TALLAHASSEE, FLORIDA

Bliss Mgt, 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 05/16/2014 and assigned Florida document number L14000080026.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10191 W Sample Rd, Suite #103

(Principal office address MUST BE A STREET ADDRESS)

Coral Springs, FL 33065

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

_____, Florida _____

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Edward B Depenbrock	9601 W Sample Rd	<input type="checkbox"/> Add
		Coral Springs, FL 33065	<input checked="" type="checkbox"/> Remove
Mgr	Donna S Daniels	9601 W Sample Rd	<input type="checkbox"/> Add
		Coral Springs, FL 33065	<input checked="" type="checkbox"/> Remove
Mgr	Shelley Giantonio	9601 W Sample Rd	<input type="checkbox"/> Add
		Coral Springs, FL 33065	<input checked="" type="checkbox"/> Remove
Mgr	Joe Giantonio	9601 W Sample Rd	<input type="checkbox"/> Add
		Coral Springs, FL 33065	<input checked="" type="checkbox"/> Remove
Mgr	Olga Depenbrock	9601 W Sample Rd	<input type="checkbox"/> Add
		Coral Springs, FL 33065	<input checked="" type="checkbox"/> Remove
Mgr	James Bailey	9601 W Sample Rd	<input type="checkbox"/> Add
		Coral Springs, FL 33065	<input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

• Please add:

AMBR ExchangeCruise, LLC - 9601 W Sample Rd, Coral Springs, FL 33065

AMBR Nitrogen Management, Inc - Box 90174 - Houston, TX 77290

AMBR Waygeng Management, Inc - 105 Campus Plaza Dr, Edison, NJ 08837


AMBR Global Networking, Ltd - 1521 Concord Pike, Suite 303, Wilmington, DE

19803

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 25, 2015.



Signature of a member or authorized representative of a member

Shelley Giantonio

Typed or printed name of signee