

K21 000 136 874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

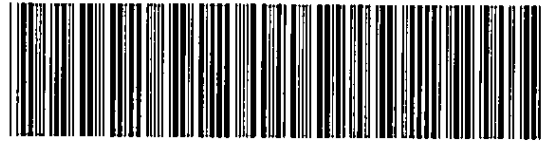
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700374365017

10/05/21--01019--029 \*\*60.00

FILED  
2021 DEC -6 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

Y SULKER  
DEC 07 2021

X



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2021

BLOSSOM USA LLC  
2100 PONCE DE LEON BLVD  
SUITE 850  
CORAL GABLES, FL 33134

SUBJECT: BLOSSOM USA LLC  
Ref. Number: L21000136874

We have received your document for BLOSSOM USA LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 321A00025083

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLOSSOM USA 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:

Yanet Comesanas  
Name of Person

VG V (US) LLC  
Firm/Company

2100 Ponce de Leon Blvd, Suite 850  
Address

Coral Gables, FL 33134  
City/State and Zip Code

yanetc@vivancoyvivanco.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yanet Comesanas                      786                      471-4655  
Name of Person                      at (                      )                      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 Address:**  
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**

BLOSSOM USA 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 03/23/2021 and assigned Florida document number L21000136874.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

2100 Ponce de Leon Blvd, Suite 850

**(Principal office address MUST BE A STREET ADDRESS)**

Coral Gables, FL 33134

**Enter new mailing address, if applicable:**

2100 Ponce de Leon Blvd, Suite 850

**(Mailing address MAY BE A POST OFFICE BOX)**

Coral Gables, FL 33134

**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:

AVALON INCORPORATORS LLC

New Registered Office Address:

2100 Ponce de Leon Blvd, Suite 850

*Enter Florida street address*

Coral Gables

Florida

33134

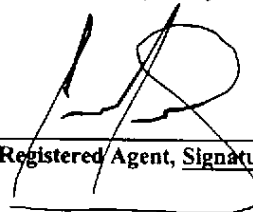
*City*

*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



FILED  
2021 DEC -6 AM 11:57  
CLERK OF STATE  
TALLAHASSEE, FL

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>	<u>Type of Action</u>
MGR	PROVIDENCE USA LLC	2300 W. 84th street suite 312	<input type="checkbox"/> Add
		Hialeah, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AVALON UNITED LLC	3411 Silverside road, Tatnall building 104,	<input checked="" type="checkbox"/> Add
		Wilmington- Delaware 19810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---


**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated September 27th, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

CIELOS ABIERTOS LLC

\_\_\_\_\_  
Typed or printed name of signee