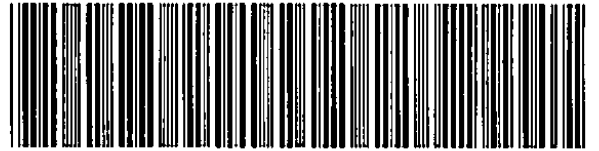


KZ1000256344



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10/19/21--01019--004 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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A. RIVERS
OCT 27 2021

2021 OCT 27 12:12

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLOOMING CONTRACTING SERVICES, 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:

ADALBERTO PEREZ MARTINEZ

Name of Person

BLOOMING CONTRACTING SERVICES, LLC

Firm/Company

320 FLAMINGO CIRCLE

Address

FORT MYERS, FL 33905

City/State and Zip Code

INFO@GO-IPS.COM

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

For further information concerning this matter, please call:

ADALBERTO PEREZ MARTINEZ

941 747 - 4940

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 OCT 15 PM 2:42

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

BLOOMING CONTRACTING SERVICES, 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 06/02/2021 and assigned Florida document number L21000256344.

This amendment is submitted to amend the following:

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

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

320 FLAMINGO CIRCLE

FORT MYERS, FL 33905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

320 FLAMINGO CIRCLE

FORT MYERS, FL 33905

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:

ADALBERTO PEREZ MARTINEZ

New Registered Office Address:

320 FLAMINGO CIRCLE

Enter Florida street address

FORT MYERS

City

Florida

33905

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.

AP

If Changing Registered Agent, Signature of New Registered Agent

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	Adelberto Perez Martinez	320 FLAMINGO CIRCLE	<input type="checkbox"/> Add
		FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adalberto Perez Martinez	320 FLAMINGO CIRCLE	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33905	<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

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

N/A

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 OCTOBER 14TH 2021

AP

Signature of a member or authorized representative of a member

ADALBERTO PEREZ MARTINEZ

Typed or printed name of signee