N21 000 389 7C1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

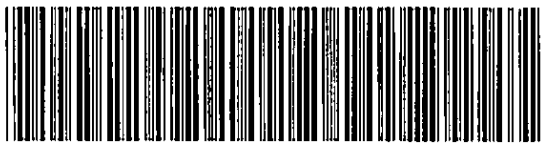
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 MAR 14 PM 12:33

4-4-22

TAS

Georgette Sampson
77 Landau St.
Boynton Beach Fl 33426
561 707 4894

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: A & A Blissfullywell 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:

Dr. Georgette Sampson
Name of Person

A & A Blissfullywell
Firm/Company

~~77 London St.~~ 8190 S Jog Rd. suite 220
Address

Boynton Beach FL 33472.
City/State and Zip Code

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

For further information concerning this matter, please call:

Sampson at (561) 707 4894
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

A & A Blissfully well 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 8/31/21 and assigned Florida document number L21000389701

This amendment is submitted to amend the following:

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

Blissfully well LLC

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

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

8190 S Jog Rd
Suite 220
Boynton Beach FL 33472

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8190 S Jog Rd
Suite 220
Boynton Beach FL 33472

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: Dr. Georgette Sampson

New Registered Office Address: 8190 S Jog Rd Suite 220
Enter Florida street address

Boynton Beach, Florida 33472
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.

Sampson

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

Title	Name	Address	Type of Action
MGR	Georgette Sampson	77 Landau St. Boynton Beach FL 33426	☒ Add ☐ Remove ☐ Change
AMBR	Anushka Sampson	77 Landau St. Boynton Beach FL 33426	~~☒ Add~~ ☐ Remove ☐ Change
AMBR	Alyssa Sampson	77 Landau St. Boynton Beach FL 33426.	☐ Add ☐ Remove ☒ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

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

The IRS will be notified on name change, Please see Copy

2022 MAR 14 PM 12:36

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 3/9/2022

Georgette Samson

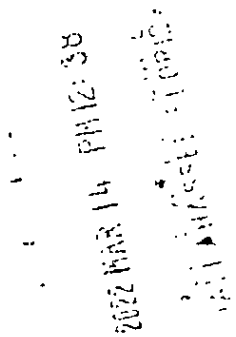
Signature of a member or authorized representative of a member

Georgette Samson

Typed or printed name of signee

Filing Fee: $25.00

(IRS USE ONLY) 575G 09-01-2021 A&AB O 9999999999 SS-4



Keep this part for your records. CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

9999999999

Your Telephone Number Best Time to Call

( ) -

DATE OF THIS NOTICE: 09-01-2021
EMPLOYER IDENTIFICATION NUMBER: 87-2447338
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

A&A BLISSFULLYWELL LLC
GEORGETTE A SAMPSON SOLE MBR
77 LANDAU STREET
BOYNTON BEACH, FL 33426