## L25000004630

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SHULLANIASSEE STATE



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Velvet Bloom  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:
Reme Cipriani - George
Velvet Bloom, Lie.
9114 Hastings Blach Black
Drando FL 32829
Orlando FL 32829  City/State and Zip Code  Velvet-bloom body oils @ yahro. com  E-mail address: (to be used for future annual report dotification)
For further information concerning this matter, please call:
Renee uprioni - George at 407, 619-4822  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate 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

Velvet Bloc	m HC FILED
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on burrecords PH 4: 20
The Articles of Organization for this Limited Liability Company Florida document number <u>L25</u> 00004630	JULIAN DE STATE
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O.BOX 720158 Orlando, FL 32872
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
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 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	<u>Name</u>	Address	Type of Action
Ambr	Michael George	9114Hastingo Beach BV. Orando Pa 32829	□Add
		<b>#</b>	Remove
Ambr.			□Change
	Tariq George	9114 Hastings Beach BV. Orlando Pt 32829	□Add
			Remove
			□Change
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an effe <u>Vote:</u>	ve date, if other than the date of filing:
record d is file	I 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 _	1/13/25
	Signature of a member or authorized representative of a member
	Kenee Cipriani - George Typed or printed partie of signee

Filing Fee: \$25.00