

LD6000118349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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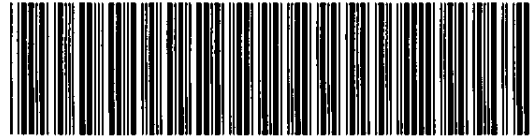
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2012 OCT -5 PM 4:07

C. LEWIS
OCT - 8 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bloom, 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:

Julie Lohofener

Name of Person

Bloom, LLC

Firm/Company

3005 S. MacDill Avenue

Address

TAMPA, FL 33629

City/State and Zip Code

Julie@bloomgardenshop.com

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

For further information concerning this matter, please call:

Julie Lohofener

Name of Person

at (813) 317-8091

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
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DIVISION OF CORPORATIONS
2012 OCT -5 PM 4:07

Bloom, 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 1/1/2007 and assigned
Florida document number 208024731 Ld6000/18349

This amendment is submitted to amend the following:

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

Bloom Garden Shop, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

3005 S. Mac Dill Ave
TAMPA, FL 33629

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3005 S. Mac Dill Ave.
TAMPA, FL 33629

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:

Julie Lohofener

New Registered Office Address:

6816 S. Juanita Street

Enter Florida street address

TAMPA
City

Florida

33616
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 608, 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.

Julie Lohofener
If Changing Registered Agent, Signature of New Registered Agent

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

**MGR = Manager,
MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DIVISION OF CORPORATIONS
2012 OCT -5 PM 4:08

Dated October 1, 2012.

Julie Lohoefer
Signature of a member or authorized representative of a member
Julie Lohoefer
Typed or printed name of signee