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13 JUL 12 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Bloom Real Estate, 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:

**Cosette C. Sanchez**

Name of Person

**Bloom Real Estate, LLC**

Firm/Company

**584 Orange Drive #106**

Address

**Altamonte Springs, FL 32701**

City/State and Zip Code

**cosette\_cynthia@hotmail.com**

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

For further information concerning this matter, please call:

**Cosette C. Sanchez**

Name of Person

at ( **407** ) **637-5711**

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

**FILED**  
**13 JUL 12 PM 12:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

Bloom Real Estate, 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 01/13/2009 and assigned Florida document number LO8006091813

This amendment is submitted to amend the following:

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

Blue Palms Realty 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:

N/A

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

Enter new mailing address, if applicable:

N/A

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

**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:

N/A

New Registered Office Address:

N/A

*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 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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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13 JUL 12 PM 12:40  
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TALLAHASSEE, FLORIDA

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
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA


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

Due to marriage - Change of name

Cosette C. Sanchez to Cosette C. Bodenschatz

attached: marriage certificate (copy)

Dated July 9th, 2013

  
Signature of a member or authorized representative of a member

Cosette C. Bodenschatz

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JUL 12 PM 12:40

FILED

Department of Health • Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**  
 TYPE IN UPPER CASE  
 USE BLACK INK

This license not valid unless seal of Clerk,  
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

MARYANNE MORSE, CLERK OF CIRCUIT COURT  
 SEMINOLE COUNTY  
 BK 07977 Pg 1670; (1pg)  
 CLERK'S # 2013029792  
 RECORDED 02/27/2013 04:15:36 PM  
 RECORDING FEES 0.00  
 RECORDED BY J Eckenroth(a11)

13-195

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1. GROOM'S NAME (First, Middle, Last) <b>BENJAMIN DAVID BODENSCHATZ</b>			2. DATE OF BIRTH (Month, Day, Year) <b>April 15, 1985</b>		
3a. RESIDENCE - CITY, TOWN OR LOCATION <b>584 ORANGE DRIVE, UNIT 106 ALTAMONTE SPRINGS</b>		3b. COUNTY <b>SEMINOLE</b>	3c. STATE <b>FLORIDA</b>	3d. ZIP CODE <b>32701</b>	
4. BRIDE'S NAME (First, Middle, Last) <b>COSETTE CYNTHIA SANCHEZ</b>			5a. MAIDEN SURNAME (if different) <b>N/A</b>		6. DATE OF BIRTH (Month, Day, Year) <b>September 15, 1982</b>
7a. RESIDENCE - CITY, TOWN OR LOCATION <b>584 ORANGE DRIVE, UNIT 106 ALTAMONTE SPRINGS</b>		7b. COUNTY <b>SEMINOLE</b>	7c. STATE <b>FLORIDA</b>	7d. ZIP CODE <b>32701</b>	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9. SIGNATURE OF GROOM (Sign full name using black ink) 	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>February 27, 2013</b>
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>	12. SIGNATURE OF OFFICIAL (Use black ink) 
13. SIGNATURE OF BRIDE (Sign full name using black ink) 	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>February 27, 2013</b>
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>	16. SIGNATURE OF OFFICIAL (Use black ink) 

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE <b>SEMINOLE</b>	18. DATE LICENSE ISSUED <b>February 27, 2013</b>	18a. DATE LICENSE EFFECTIVE <b>February 27, 2013</b>	19. EXPIRATION DATE <b>April 28, 2013</b>
20a. SIGNATURE OF COURT CLERK OR JUDGE BY:		20b. TITLE <b>DEPUTY CLERK</b>	20c. BY D/C <b>KH</b>

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) <b>February 27, 2013</b>	22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>SANFORD</b>		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 		23c. ADDRESS (Of person performing ceremony) <b>301 N. PARK AVE. SANFORD, FL 32750</b>	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary attorney) <b>KIM HALL, DEPUTY CLERK</b>		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶	

ALL INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY, NOT TO BE RECORDED



**CERTIFIED COPY**  
 MARYANNE MORSE  
 CLERK OF CIRCUIT COURT  
 SEMINOLE COUNTY, FLORIDA  
 BY   
 DEPUTY CLERK

**FEB 27 2013**