L12000053908

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COVER LETTER

Division of Corp		•	
SUBJECT:	issful Gon	owth Real E	state, LLC
	Name of Limi	ited Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
	ndence concerning this matter	-	
,		J	
	Victoria	Coulsie Name of Person	
	Blissful	Granth Roal	istate le
	314SW Mu	ller Ter, Lake	City, FL 32025
	dake C	City/State and Zip Code	25
	Miscitems E-mail address: (1)	2800 med , Co	ation)
For further information co	oncerning this matter, please ca	all:	
Victoria Co	vusle Person	at (<u>352-</u>) <u>222-</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 S		Street Address: Registration Sect	ion
Division of Co		Division of Corp	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

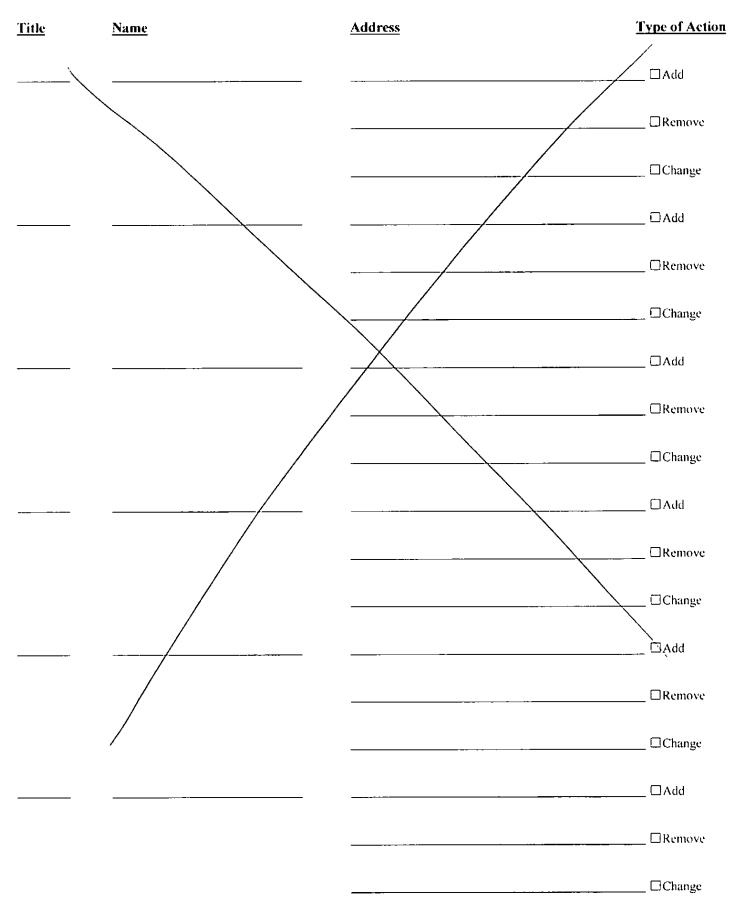
2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited I.	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 120000539</u> 08	were filed on 4/19/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liabil	portion. LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	17112 N 113 Huy 441 White Springs, F2 320910
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
agent and/or the new registered office address neve.	OF ST
Name of New Registered Agent:	2: 55 - 55 - 55 - 55 - 55 - 55 - 55 - 55
	-
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	pains Pagistered Agent Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member



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an effective date is I Note: If the date in	other than the date of f isted, the date must be specifi isserted in this block does i we date on the Department	e and cannot be prior not meet the applic	able statutory filing re-	(options) han 90 days after fili quirements, this da	ng.) Pursuant to 605.0207
record specifies a d is filed.	delayed effective date, bu	t not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after the
oated OC	aber 3	<u>202</u>	<u> </u>		
	utoua Signature	Orlicof a member or author	orized representative of a	member	
	Victor	oria C	Ar 11914	<u>)</u>	