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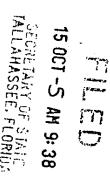
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COVER LETTER

10:				· ·
SURIF	Blossom	Graphics, LLC		
SUBJE	C1:	Name of Lim	nited Liability Company	
The enc	losed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corres	pondence concerning this matter	to the following:	
		Debra M Leonard		
			Name of Person	
	Blossom Graphics. LLC Name of Limited Liability Company			
Division of Corporations Blossom Graphics, 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: Debra M Leonard				
		PO Box 882444		p Code annual report notification) 632-3693 Daytime Telephone Number g Fee & S60.00 Filing Fee, Opy Certificate of Status & Certified Copy (additional copy is enclosed) FREET/COURIER ADDRESS: Desistration Section Existing
		Blossom Graphics, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Debra M Leonard		
		Port St Lucie, FL 34988-2	444	
			City/State and Zip Code	
			to be used for future annual report no	ification
For furti	her information		•	
Debra N	M Leonard			
	Name	e of Person		ne Telephone Number
Enclose	d is a check for	the following amount:		
\$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Regi Divis P.O.	stration Section sion of Corporations Box 6327	Registration Secti Division of Corpo Clifton Building	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blossom Graphics, LLC		
(Name of the Lin	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Florida document number L12000084621	Liability Company were filed on 6/27/12	and assigned
This amendment is submitted to amend the fo	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
N/A		
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	oable:	
• • •	· · · ·	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	**************************************
		<u> </u>
		22 8 T
B. If amending the registered agent an	Var registered office address on our	r records, enter the name of the new
registered agent and/or the new registered		So U
Name of New Registered Agent:	N/A	F. S. S. C.
Name of New Registered Agent.		<u> </u>
New Registered Office Address:	N/A	<u> </u>
	Enter Florida si	reet address
	N/A	, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGMR	William A Leonard	1801 Sabal Ridge Ct Unit B	□ Add		
		Palm Beach Gardens, FL 33418	Remove .		
			☐ Change		
			Remove		
			□ Change		
			Add		
			☐ Remove		
			15 OCT -5 AM 9:		
			AH 9: 39		
			☐ Remove		
			Change		
		<u> </u>	□ Add		
			□ Remove		
			□ Change		

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Filing Fee: \$25.00