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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	Bliss	World LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Robert C. Boehm	
		Name of Person	
	Ste	iner Management Services, LLC	
		Firm/Company	
		770 S. Dixie Highway, Ste. 200	
		Address	
		Coral Gables, FL 33146	
		City/State and Zip Code bobb@steinerleisure.com	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Robert C. Boehm		786 553 1229	
Name e	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 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

his amendment is submitted to amend the following:	ords.) 8/2013	_ and assigned
lorida document number	8/2013	_ and assigned
. If amending name, enter the new name of the limited liability company here:		
BWorld LLC		
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "Li	LC" or the abbre	viation "L.L.C."
Inter new principal offices address, if applicable:	<u> </u>	24
Principal office address MUST BE A STREET ADDRESS)	- 2,-	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	200. Coral Gat	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
3. If amending the registered agent and/or registered office address on our records, entagent and/or the new registered office address here:	er the name o	of the new regi
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street add.	hente.	
	Florida	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>	<u>Address</u>	Type of Action
			\ \ \ \
			□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
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			□Remove
			Change
			□Add
			□Remove
			□ Change

Page 2 of 3

	nation, enter change(s) here: (Attach additional sheets, if necessary.)
 	
Effective date, if other than the If an effective date is listed, the date made in the If the date inserted in this document's effective date on the	ne date of filing:
ne record specifies a delaye The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ecord is filed.
Dated June 20	2024
	Robert C. Boehm
	Signature of a member or authorized representative of a member
	Robert C. Boehm
	Typed or printed name of signee