

L13000151922
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000232704 3)))



H140002327043ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP
 Account Number : I20100000009
 Phone : (305) 599-0839
 Fax Number : (305) 592-9591

14 OCT -3 PM 12: 28
FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
14 OCT -3 PM 12: 00
DIVISION OF CORPORATIONS
BUREAU OF CORPORATE
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NOM PHOTOGRAPHY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

OCT 06 2014
J. HARRIS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NOM PHOTOGRAPHY, 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 10/29/2013 and assigned Florida document number 13000151922.

This amendment is submitted to amend the following:

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

BLOOM SO BRIGHT, 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 office address, if applicable:

7730 SW 56 AVE

(Principal office address MUST BE A STREET ADDRESS)

APT. 2

MIAMI, FL 33143

Enter new mailing address, if applicable:

7730 SW 56 AVE

(Mailing address MAY BE A POST OFFICE BOX)

APT. 2

MIAMI, FL 33143

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:

NATASH SANTAELLA

New Registered Office Address:

7730 SW 56 AVE, APT. 2

(Enter Florida street address)

MIAMI

Florida 33143

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.

Natasha Santaella

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NATASHA SANTAELLA	7636 SW 56 AVE, APT. 3 MIAMI, FL 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	NATASHA SANTAELLA	7730 SW 56 AVE, APT. 2 MIAMI, FL 33143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 14 OCT - 3 PM '14

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **OCTOBER 3** 2014

Natasha Santaella

Signature of a member or authorized representative of a member

NATASHA SANTAELLA

Typed or printed name of signer

14 OCT -3 PM 12: 28
SECRETARY OF STATE
DIVISION OF CORPORATIONS