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COVER LETTER

TO: Registration Se	ection	•	· ·
Division of Cor			
SUBJECT:	oom Boutia	ue UC Ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Alisha Bi	ACK Name of Person	
	Alisha Bi Bloom Bou	Firm/Company	
	Suz mai		·····
	Chipley, F	City/State and Zip Code	
	Olishacuts E-mail address: (hotmail . Come to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
Alisha Blace	f Person	at (850) 557- Area Code Daytime	HO80 Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dloom Doutique LLC	<u> </u>
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L14000 (a0871</u> .	by were filed on 4-11-2014 and assigned
This amendment is submitted to amend the following:	SECRE AU SECRETARIA AU SECRETA
A. If amending name, <u>enter the new name of the limited lia</u>	SSEE C
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" of the abb eviation "L.C."
Enter new principal offices address, if applicable:	Bloom Boutique 130 ==
(Principal office address MUST BE A STREET ADDRESS)	Soz Main 5t. 2 - Chipley, FL 32428
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Bloom Boutique UE/Alisha Black SOZ Main St. Chipley, PL 32428
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the nev
Name of New Registered Agent: Alisko	Black
New Registered Office Address: 1414	Claybon Rd. Enter Florida street address
<u>Chiple</u>	City Florida 32428 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

RI

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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 Title **Address** Type of Action Name Brandy Houis AMBR 2986 Noland St. □ Add Marianna, PL 32446 ☐ Change AMBR Alisha Black 1414 Clayton Rd. N Add Chipley, FL 3242F ☐ Remove ☐ Change 1414 Clayton Rd. Chipley, It 32428 MGR Jason Williams ₽ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change **DI Kidd** 198 ☐ Remove ☐ Change

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n effective date is listed, the date: If the date inserted in the	his block does not mee	et the applicable stat				
cument's effective date on t	the Department of Sta	ie s records.				
record specifies a del		te, but not an ef	fective time, a	t 12:01 a	.m. on	the earlier
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Brandy	Signature of a me	moer or aumorized ter		ARY (SSEE	_	
grandy Brandy	Signature of a me	yped or printed name of	f signee	TARY OF STAT IASSEE, FLORI	=	

Filing Fee: \$25.00