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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor						
Blissful Bu	utters, LLC					
Sobolet.	Name of Lim	nited Liability Company				
	Amendment and fee(s) are sub ondence concerning this matter	_				
	Carrie J. Stevens					
		Name of Person		1		
	Blissful Butters, LLC					
		Firm/Company		,		
	2544 Wrencrest Circle					
		Address		—		
	Valrico, FL 33596			ALL ALL	ॐ ,	
	blissfulbutters2016@gmail			ALLYS ALLY	AUG -4	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	cation)	OF STA	强 2:	C
Carrie J. Stevens		813 385-8671 at ()		A A	59	
Name o	f Person		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)	Certified	te of Status		
	ING ADDRESS: ration Section	STREET/COURIE Registration Section				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blissful Butters, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L16000056355	ility Company were filed on 3-21-2016	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		FILED 16 AUG -4 PH 2: SECRETARY OF STATALLAHASSEE, FLORE
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, e address here:	enter the mame & the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floride street address	
-	, Flor	
	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
MGR	Yasmin Sadek		Add
		7142 Columns Cir Apt 208 Trinity	■ Remove
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Eff	ective date, if other than the date of filing: 07-01-2016 (optional)	
Not	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
doc	ument's effective date on the Department of State's records.	
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne 90th day after the record is filed.	of:
	July 23rd	
Dat	ed vary 25th	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00