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COVER LETTER

TO:	Registration So Division of Con			
SUBJE		Blissed Creations, LLC		
ЗОВОЕ	C1.	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Taira Wilds		
			Name of Person	
		Blissed & Blinged Creatio	ns, LLC	
			Firm/Company	
		5000-18 Hwy 17S PMB 33	34	
			Address	5 60
		Fleming Island, Fl 32003		
		tairawilds@gmail.com	City/State and Zip Code	cation)
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information o	concerning this matter, please c	all:	30
Taira W	ilds		904 614-0476 at ()	
	Name o	f Person		Telephone Number
Enclose	d is a check for th	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)
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

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

Blinged & Blissed Creations, 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 May 24, 2016 and assigned Florida document number _ L16000101717 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Blissed & Blinged Creations, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 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
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Page 3 of 3

Filing Fee: \$25.00

Certificate of Status

I certify from the records of this office that BLINGED & BLISSED CREATIONS, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on May 24, 2016, effective May 24, 2016.

The document number of this company is L16000101717.

I further certify that said company has paid all fees due this office through December 31, 2016, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 160526091559-200286178412#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty Sixth day of May, 2016