

L17000010381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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17 NOV 20 AM 7:20

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVID BLOSSOM, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IAN ANIDJAR
Name of Person
DAVID BLOSSOM, LLC
Firm/Company
20200 NW 2ND AVE, SUITE 309
Address
MIAMI, FLORIDA 33169
City/State and Zip Code
DAVIDBLOSSOMLLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IAN ANIDJAR 786 848-5492
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

DAVID BLOSSOM, 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 FLORIDA and assigned
Florida document number L17000010381

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

DAVID BLOSSOM, LLC

20200 NW 2ND AVE, SUITE 309

MIAMI, FLORIDA 33169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

DAVID BLOSSOM, LLC

20200 NW 2ND AVE, SUITE 309

MIAMI, FLORIDA 33169

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:

VANESSA ANIDJAR AFLALO

New Registered Office Address:

19400 TURNBERRY WAY, APT L212

Enter Florida street address

AVENTURA

Florida

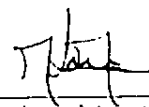
33180

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	IAN ANIDJAR	3800 HILLCREST DR APT 920	<input type="checkbox"/> Add
		HOLLYWOOD	<input type="checkbox"/> Remove
		FL, 33021	<input checked="" type="checkbox"/> Change
AMBR	VANESSA ANIDJAR	19400 TURNBERRY WAY	<input checked="" type="checkbox"/> Add
		APT L212, AVENTURA	<input type="checkbox"/> Remove
		FLORIDA, 33180	<input type="checkbox"/> Change
AMBR	NEMMY CHOCRON	19400 TURNBERRY WAY	<input type="checkbox"/> Add
		APT L212, AVENTURA	<input checked="" type="checkbox"/> Remove
		FLORIDA, 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

EIN: 61-1814263

PLEASE UPDATED TO THAT NUMBER

THANK YOU.

17 NOV 20 11 AM 7:20

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

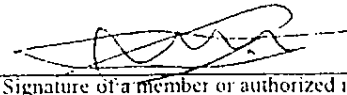
E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated NOVEMBER, 01 2017



Signature of a member or authorized representative of a member

IAN ANISZAR

Typed or printed name of signer