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SECRETARY OF STATE

K. SALY JUL - 3 2017

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC		1 ENTERPRISES 1005, LLC		
SCHOL	~!· <u></u>	Name of Lim	ited Liability Company	<u>.</u>
	•	•		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Gerson Hernandez		
			Name of Person	
		General Corporate Service	s Inc.	
			Firm/Company	
		829 W. Palmdale Blvd #68	3	
			Address	
		Palmdale CA 93551		
			City/State and Zip Code	
		gerson@companiesinc.com	to be used for future annual report notifi	(antian)
For first	ar information a	oncerning this matter, please ca	·	cattony
		oncerning this matter, please ca		
Gerson I	Hernandez		661 310 2823 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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

ZOIT JUN 29 PM 3: 09
TALL AHASSEE, FLORIDA

BLOSSOM ENTERPRISES 1005, 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 $\frac{06/13}{}$	/2017 and assigned
Florida document numberL17000129455		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here	: •
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10006 Cross Creek	Blvd. #97, Tampa, FL 33647
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	10006 Cross Creek	Blvd. #97, Tampa, FL 33647
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	
	Enter Florida	street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	, and the second second	zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this cap performance of my provided for in Cha	oduties, and I am familiar with and apter 605, F.S. Or, if this document is
If Cha	nging Registered Agent	s, 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	BLOSSOM ENTERPRISES LTD		□ Add
		HUNKINS WATERFRONT PLAZA MAIN STRU CHARLESTOWN, NEVIS, KN 000 KN	
		CHARLESTOWN, NEVIS, KN 000 KN	Remove
			Change
MGR	BLOSSOM ENTERPRISES 1001, LLC	364 E. MAIN STREET #502 MIDDLETOWN DE 19709	■ Add
			□ Remove
			Change
			Add
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			SSS Glange P
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te: If the date inserted in th	the date of filing: must be specific and cannot be prior to date of filing or more to is block does not meet the applicable statutory filing reme Department of State's records.	(optional) han 90 days after filing.) Pursuant to 605.0207 (quirements, this date will not be listed as th
record specifies a dela he 90th day after the	yed effective date, but not an effective time record is filed.	e, at 12:01 a.m. on the earlier of:
June 28	2017	
1	Signature of a member or authorized representative of a	

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Filing Fee: \$25.00