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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division	of Corpor	rations			
SUBJECT:			Women's Group, PLLC	<u> </u>	
		Name of Lim	ited Liability Company		
The enclosed Artic	cles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all o	orresnonde	ence concerning this matter	to the following:		
ricase return an et	orresponde	nice concerning this matter	to the following.		
			Reut Bardach		
			Name of Person		
			Firm/Company		
			10231 Pontifino Circ	le	
			Address		
			Trinity, FL 34655 City/State and Zip Code		<u> </u>
			·		
	-		eut.bardach@gmail.cor to be used for future annual r		
				,	
For further inform	iation conc	erning this matter, please co	ill:		
	Darrell Y	ouna	at (_800) 375	5-2453	
	Name of Pe		Area Code	Daytime Telepho	one Number
Enclosed is a chec	ck for the fo	ollowing amount:			
▼ \$25.00 Filing	Fee [□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	. 🗖	\$60.00 Filing Fee,
		Certificate of Status	Certified Copy (additional copy is enclo	osed)	Certificate of Status & Certified Copy
				,	(additional copy is enclosed)
	MAILING Registratio	ADDRESS:		COURIER ADI on Section	DRESS:
		f Corporations		of Corporations	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ge Blossom Women's Gro		
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)	
The Articles of Organization for this Limited I	Liability Company were file	ed on 7/21/2017	and assigned
· · · · · · · · · · · · · · · · · · ·	·		
This amendment is submitted to amend the fol	-		
A. If amending name, enter the new name of	of the limited liability com	ipany here:	
he new name must be distinguishable and contain the	words "Limited Liability Compa	my," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		- 6
Principal office address MUST BE A STREA	ET ADDRESS)		- 9 -
•			2 1
Inter new mailing address, if applicable:			至一
Mailing address MAY BE A POST OFFICE	 BOX)		· · · · · · · · · · · · · · · · · · ·
			- -
. If amending the registered agent and egistered agent and/or the new registered of		lress on our records, <u>ente</u>	r the name of the
Name of New Registered Agent:	Reut Bardach		
Name of New Registered Agent: New Registered Office Address:	10231 Pontifino Circle		
	10231 Pontifino Circle	e Enter Florida street address	

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
AMBR	Reut Bardach	10231 Pontifino Circle	
		Trinity, FL 34655	Remove
			Change
			☐ Remove
			Change
			□ Add
			[C]Renrove
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			□ Change
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Filing Fee: \$25.00