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COVER LETTER

Division of Corporations	
UBJECT: Blissful Beach Brides LLC	
Name of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Jennifer Flaminio Name of Person	
Firm/Company	
12 merri Way	
Santa Rosa Beach Fl 32459 City/State and Zip Code Jennifer Flaminio Q anail com E-mail address: (to be used for future annual report portification)	
Jennifer Flaminio @ amail . Com E-mail address: (to be used for future annual report motification)	
or further information concerning this matter, please call:	
Tennifer Flaminio at (850) 524-1306 Name of Person Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
\$25.00 Filing Fee Solutional copy is enclosed Solutional copy is enclosed Solutional copy is enclosed Solutional copy is enclosed.	
Mailing Address: Registration Section Street Address: Registration Section	

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

Registration Section

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bliss Ful Beac	n Brides LLC		
(<u>Name of the Limited I</u> (A)	.iability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi		and assig	ıjned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
Jennifer Flaminic The new name must be distinguishable and contain the words	Seauty LLC s "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L	.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		.
Enter new mailing address, if applicable:		2020	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		<u> </u>
R. If amending the registered agent and/or regis	stered office address on our records, enter the name	of the new	registered
agent and/or the new registered office address h		2: 09	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
-	, Florida	Zip Code	
AN IN COLUMN AS ASSESSMENT OF THE STATE OF T	5.4 I 4		

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
			□Add
			Remove
			Change
			□Add
			Remove
			Change
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fect	ive date, if other than the date of filing: (optional)
ote:	ive date, if other than the date of filing:
ecor	d 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 led.
ited	<u>a-a-adad</u>
	Signature of almember or althorized representative of a member
	Jennifer Flaminio Typed or printed name of signee

Filing Fee: \$25.00