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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1) & E Blown Enterprises Name of Limited Liability Comp	LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Danielle Blownt	Son
D&E Bloom Enterprises	LLC DBA Chic tradisive
1912 Eclipse Dr Address	
Middleburg FL 336G? City/State and Zip Chickxplistyebull vine Blisse E-mail address? (to be used for future	o Code O Mail (Cam annual report notification)
For further information concerning this matter, please call:	
Danielle Blount at 1904 Name of Person Area Cod	Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$55.00 Filing Certificate of Status □ \$65.00 Certified Cotadditional cop	PPY Certificate of Status &

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

. D&K Bleant Enterprise	es LIC
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000104/42</u>	ompany were filed on <u>Intozer 63 2017</u> and assigned
This amendment is submitted to amend the following:	· 27 000
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1101 Blanding Blid Ste 104 Crange Dark FL 32065
 If amending the registered agent and/or registered agent and/or the new registered office address 	red office address on our records, <u>enter the name of the new</u> <u>ss here</u> :
Name of New Registered Agent:	nelle Bloomt
New Registered Office Address:	
	Enter Florida street address
w Registered Apont's Signature is	City Zip Code

W Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

Title.	<u>Name</u>	Address	Type of Action
AMRR	Emest Bloomt	1912 Foliose	🗆 Add
		Middlehorg FC 32068	□ Remove
			☐ Change
MGR	Danielle Blount	M12 Enlipse Dr	Ø.Add
		Middleburg Fl 32068	☐ Remove
			Change
AMBR	Banielle Bloont	1912 Enlipse Dr	 ZZ Add
		Middleburg FC 32068	
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