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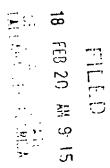
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	CHARIMED Name of Lim	LLC lited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	HE.	ATHER S. JUNES	
		N/A Firm/Company	
	149	9 BAY WOODS/ LN Address	<u>J.</u>
	PENSACOLA	City/State and Zip Code	
	E-mail address: (NES 8830 @ GMA to be used for future annual report notif	L. (0 M lication)
For further information co	oncerning this matter, please of	all:	
HEATHER Name of	S. DNES	at (85V) 525 - Area Code Daytime	· 14-69 Telephone Number
Enclosed is a check for th	-		
\$25.00 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

SO. CHARMED 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 10 09 2017 and assigned Florida document number L17000208263.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
BELLES OF THE BLOOM LLC
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
<u></u>
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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 Name Banistanad Aponto
Name of New Registered Agent:
New Registered Office Address: 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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			🗖 Add
			□ Remove
			Change
			Add
			Remove
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fan ef Note:	ive date, if other than the date of filing: (optional fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this datent's effective date on the Department of State's records.	ng.) Pursuant to 605	5,0207 ed as
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed. / $/$. on the earli	er o
Dated	01 28 18		
	Signature of amember of authorized representative of a member	·	
	MEATHER S. JONES		

Page 3 of 3

Filing Fee: \$25.00