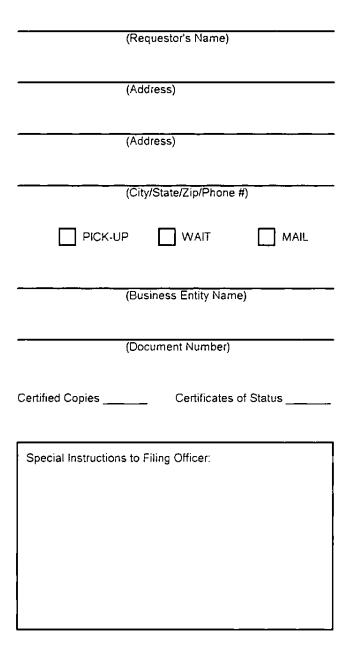
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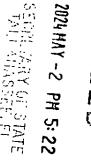


Office Use Only



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FILED

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Gyal Blossom Cor Name of Limi	MD(I) U ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all corresponden	ondence concerning this matter t	to the following:	
	Terrance	RamSey Name of Person	.
		Firm/Company	
	19046 Ba	uce B Downs Blue	d #161
	Tampa, FL	33647 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (t	o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	ll:	
18ssance Name o	Namsey of Person	at (<u>732</u>) <u>421-6</u> Area Code Daytime	265 Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Koual Blosson	(Crepe	
(Name of the Limited Liability Comp (A Florida Limited	any is it now appears on our reco Liability Company)	ords,)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800078408</u> .	y were filed on 4/23/6	and assigned
This amendment is submitted to amend the following:		
A. If appending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	nited highlify (mpany LC" of the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	PLANY - 2 PH 5: 22 er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	
	City , 1	F lorida Zip Code

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.

Effective date, if other than the date of filing: (optional) (if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: 11 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record 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 ord is filed. Dated Dated Dated Proper or printed hame of signee). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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