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(Red	questor's Name)	_
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PICK-UP	☐ WAIT	MAIL
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(Doe	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Domestic blis	ss LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	John	M. Can Tillon Name of Person	MA.	
			FN7 Cu3	
		Firm/Company		
	2030 H:	Uside Dr. Address	231 JUN 21 A	
	Mount Do	ra, F1. 32757 City/State and Zip Code		⁽ • 144
	Domest'c k E-mail address: (to be used for future annual report notific	cation)	
For further information co	oncerning this matter, please ca	all:		
John Ca Name o	nTillon Person	at (<u>352</u>) <u>25 C</u> Area Code Daytime	- 5702 Telephone Number	
Enclosed is a check for th	ne following amount:			
\$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)	ı

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

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our bility Company)	records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on <u>6/12</u>	2/18	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
DomesT-c Bliss LLC The new name must be distinguishable and contain the words "Limited Liability			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		~	es)
(Principal office address MUST BE A STREET ADDRESS)		г	=======================================
(Timelput office universal MOST DE A STREET ADDRESS)			
	,		12
			177
Enter new mailing address, if applicable:		- भूगा । सम्बद्धाः	manual
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		<u></u>	<u>بَ</u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our re	cords, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address	
	City	, Florida	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.

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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ective date, if other than the date of fili effective date is listed, the date must be specific a e: If the date inserted in this block does not ument's effective date on the Department of	ind cannot be p t meet the ap	plicable s				filing.) Pursuant	
record specifies a delayed effective ne 90th day after the record is filed		not an	effective	time, at	12:01 8	a.m.	on the e	earlie
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Page 3 of 3

Filing Fee: \$25.00