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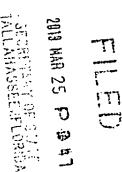


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COVER LETTER

то:	Registration Sec Division of Corp			
eub n	Bella Reyna	ill.C		
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for tiling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Cornelia Zaiss		
			Name of Person	
			Firm/Company	
		1887 Springbush Lanc		
		Clearwater/FL 33763	Address	
		czaiss@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please co	all:	
Corne	lia Zaiss		727 641-1858	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	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:

TO:

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

FILED

2013 NAR 25 P 净均7

Zip Code

Bella Reyna LLC

(Name of the Limited Liability Company as it now appears on our records): 145.1 OF 3.15.1 (A Florida Limited Liability Company) IATLAHASSET, FLORIG TAEUAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on September 20th, 2018 and assigned Florida document number L18000224377 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Blossom Hill LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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

Title	<u>Name</u>	Address	Type of Action
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			□ Remove
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this blockument's effective date on the Dep	k does not meet the	applicable statutor	g or more than 90 da y filing requiremen	ys after filing.) Pursua its, this date will no	mt to 605.0 of be listed
record specifies a delayed (he 90th day after the recor	effective date, b d is filed.	ut not an effec	tive time, at 12	2:01 a.m. on th	e earlie
ed March 19th	2019				
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	ignature of a member	or authorized represe	ntative of a member		

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