1190000 28953

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	<u> </u>
(Čit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Mhrsign		

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January 27, 2020

CLARISSE TAMADAHO 388 OAK SPRINGS CT DEBARY, FL 32713

SUBJECT: BLISSFUL DEVELOPMENTAL SERVICE LLC

Ref. Number: L19000028953

We have received your document for BLISSFUL DEVELOPMENTAL SERVICE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 120A00001908

RECEIVED

COVER LETTER

Division of Corp	oorations ,	. 4	
Amendment SUBJECT:	Ŀ	·	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Clarisse Tamadaho		
	 	Name of Person	
	Blissful Developmental Sc	ervice LLC	
		Firm/Company	
	388 oak springs et		
		Address	<u>.</u>
	Debary, Florida 32713		
		City/State and Zip Code	
	nrhounnou@gmail.com	to be used for future annual repor	tuotification)
For further information ed	meerning this matter, please or	•	· ····································
Clarisse Tamadaho		915 276219	1
Name of	Person	at () Area Code D:	nytime Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>.</u>	Street Addres	<u>st:</u>

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

Blissful Developmental Service LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab		and assigned
Florida document number 1.19000028953		
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
<u> </u>		202 SE
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the affireviation M.L.C."
Enter new principal offices address, if applicable	e:	A
(Principal office address MUST BE A STREET A	ADDRESS)	In Til
		3: 5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
	<u></u>	, V
B. If amending the registered agent and/or regi	stered office address on our records, enter the	name of the new registered
agent and/or the new registered office address h		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florid	da
•	City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Clarisse Tamadaho	388 Oak Springs Ct, Debary Fl 32713	= Add
			□Remove
			Change
			□Add
			SH CRU TALL
			Genange Committee Committe
		□Change	
		\ \ \ \	
			Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	be specific ck does n	ling: and canno of meet tl	ne applica	to date of able statu	filing or m tory filin	ore than 9 g require	0 days a	otional) fter filing, this date) Pursuant will not	. to 605.0207 be listed as
e record specifies a delayed effective d is filed.	date, but	not an ef	fective ti	me, at 12	:01 a .m.	on the ea	rlier of:	(b) Th	e 90th da	iy after the
22.5			19	_·						
Dated										
Dated 23 December			- aul	س	<u> </u>					

Filing Fee: \$25.00