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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Blush Bar Studio	LLC
Name of Limited Liability Company	
The enclosed Anicles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Gladys Garcia	
Name of Person	
Firm/Company	
17 hart man rd	<del>-</del>
Fort Pierce 1-1	34947
City/State and Zip Co	nde
E-mail address: (to be used for future and	aual report notification)
For further information concerning this matter, please call:	
Same of Person at (73)  Area Code	301 2415 Daytime Telephone Number
:	
Enclosed is a check for the following amount:	. /
□ \$25.00 Filing Fee □ \$30!00 Filing Fee & □ \$55.00 Filing Fee Certificate of Status Certified Copy is	Certificate of Status &
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Registrations Division of Corporations Cliffor 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

the Blush Bay	Dtudio LLC	<u>.</u>
( <u>Name of the Limited Liability C</u> (A Florida Lir	lompany as it now appears on our records.) mited Liability Company)	۶.
The Articles of Organization for this Limited Liability Com	npany were filed on 5/09/19 and assigned	િજ
Florida document number $\underline{L19000}$   $\underline{35303}$ .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
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:	100 S and St. Suite #205	<u> </u>
(Principal office address MUST BE A STREET ADDRES	ss) Fort Pierce, Fl 34950	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	100 S and St Suite #8 Fort Pierce, FL 34950	- - Ю2 -
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	red office address on our records, enter the name of the shere:	new
3	1	:
Name of New Registered Agent:	<u> </u>	—: ·
New Registered Office Address:		
	Enter Florida street address	
i	, Florida	1
	City Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:	

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

MGR = M: AMBR = Ai	anager ithorized Member			
<u>Title</u>	<u>Name</u>	Ado	dress	Type of Action
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If ame	ending any other information, e	nter change(s) here	e: (Attach addition	al sheets, if necessary.)	
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he req The	cord specifies a delayed effect 90th day after the record is	tive date, but no filed.	t an effective tin	ne, at 12:01 a.mৃ. on the ear	rlier of:
Dated	5/23/19		·		
	Aledran	mil			
Į į	Signatu	ire of a member or authi	orized representative of	a member	
:	Gladys Garc	<u>101</u>	<u>.</u>	<u> </u>	
		Typed or printe	d name of signee		

Filing Fee: \$25.00