9/20/2019



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARADISE LIVING ALE LLC

Certificate of Status	0
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TO:

Registration Section

## **COVER LETTER**

Div	ision of Cor	porations		
eum tezer.	PARADISI	ELIVING ALE LLC		
SUBJECT:	<del></del>	Name of Limi	ted Liability Company	<del></del> -
The enclosed	Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspo	ondence concerning this matter t	o the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	<del></del>
		101 N Brand Blvd 11th Ft		
			Address	<del></del>
		Glendale, CA 91203		
			City/State and Zip Code	<del></del>
		hope4hv@gmail.com	be used for future annual repor	
For firether in	of marting of	oncerning this matter, please on	·	( HOUMERGOIL)
		recenting this matter, prease ca		
Cheyenne M	loseley		800 773-085 at () Area Code D	
	Name o	l'Person	Area Code Di	aytime Telephone Number
Enclosed is a	reheek for th	ne following amount:		
□ S25.00 F	iling 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)
		ING ADDRESS:	STREET/CO Registration S	URIER ADDRESS:

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARADISE LIVING ALE LLC		2
(Name of the Limited Lin)	hility Company as it now appears on our records.) inda Limited Liability Company)	
(A Fun	nda Lumiod Laminty Company)	
The Articles of Organization for this Limited Liability	v Company were filed on 06/12/2019	and assigned
Florida document number L19000155466		<u> </u>
This amendment is submitted to amend the following	······································	
A. If amending name, enter the new name of the li	imited liability company here:	
Bliss Life Residential Care ELC		
The new name must be distinguishable and contain the words "I	limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
•		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or re		nter the name of the nev
registered agent and/or the new registered office ac	idress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	EnterFloridastreet address	
	, Florid	a
	Ciny	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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
<u></u>			
			□ Remove
			☐ Change
			☐ Remove
			🗆 Change
		***************************************	☐ Remove
		<del></del>	Change
			D Add
			□ Remove
			Change

Si	pnature of a member or authorized representative of	a meinher
cu		SEP 2
September 3	2019	 ≱⊊ <b>19</b>
record specifies a delayed e he 90th day after the record	ffective date, but not an effective timed is filed.	ne, at 12:01 a.m. on the earlie
e: If the date inserted in this block union is effective date on the Department.	cdoes not meet the applicable statutory filing re	equirements, this date will not be liste
ective date, if other than the da effective date is listed, the date must be	ate of filing: specific and cannot be prior to date of filing or more	(optional) than 90 days after filing ) Pursuant to 605 (

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Filing Fee: \$25.00