

L19 000172999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

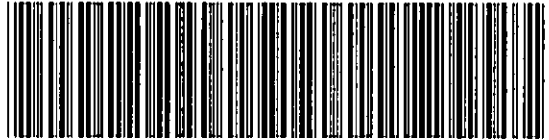
(Business Entity Name)

(Document Number)

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2019 OCT 24 AM 8:27

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NuView Processing, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Callahan Green

\_\_\_\_\_  
Name of Person

Bliss Processing, LLC

\_\_\_\_\_  
Firm/Company

1150 Penman Rd.

\_\_\_\_\_  
Address

Jacksonville Beach, FL 32250

\_\_\_\_\_  
City/State and Zip Code

angiemariegreen@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Callahan Green

904

651-2302

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**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**

2019 OCT 24 AM 8:27

NuView Processing, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/2/2019 and assigned  
Florida document number L19000172999.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Bliss Processing, LLC

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:

1150 Penman Rd.

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville Beach, FL 32250

Enter new mailing address, if applicable:

1150 Penman Rd.

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville Beach, FL 32250

**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:

Angela Callahan Green

New Registered Office Address:

1150 Penman Rd.

*Enter Florida street address*

Jacksonville Beach

*City*

Florida

32250

*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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Green, William C	1150 Penman Rd.	<input type="checkbox"/> Add
		Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wiggins, Randall S	4110 Southpoint Blvd. Suite 104	<input type="checkbox"/> Add
		Jacksonville, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 21, 2019

Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

Angela Callahan Green

Typed or printed name of signee