

L19000259338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

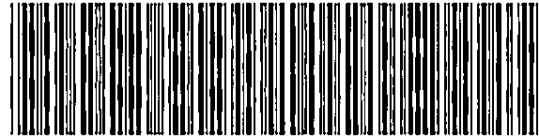
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT 13 AM 8:48
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA



Department of State

Division of Corporations

Date: 10/13/2021

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: BLOUSSON

Requester: Acheive

Order: 13489999



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SUBJECT: _____
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

CORP CV SC INTL

Firm/Company

95017 three lakes cir

Address

boca raton, florida 33428

City/State and Zip Code

operations@achievetega.com

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

Patricio Frías	561	4516730
<hr/>	<hr/> at (<hr/>)	
Name of Person	Area Code	Daytime Telephone Number

☒ \$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)

Street Address:
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**

BLOUSSON MKT. 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 08/22/2019 and assigned
Florida document number L19000259338

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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:

(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

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

Title	Name	Address	Type of Action
MGR	CAMPANA, MARIA E.	19712 DINNER KEY DRIVE, BOCA RATON, FL, 33498	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CAMPANA, MARIA E.	19712 DINNER KEY DRIVE, BOCA RATON, FL, 33498	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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SECRET

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE
WASHINGTON, D.C. 20520

SECRETARY OF THE

2021 OCT 13 AM 8:48

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.(3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

OCTOBER 12th

2021

Dated

M. E. [Signature]
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MARLA E. CAMPANA

Typed or printed name of signee

Filing Fee: \$25.00