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(Re	questor's Name)	
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A. C. Shirty

COVER LETTER

Division of (Section Corporations		
SUBJECT:	RUSENBLOOM	HOLDINGS	46 6
	Name of Limited Li	ability Company	
The enclosed Articles	of Amendment and fee(s) are submitted	for filing.	
	spondence concerning this matter to the	_	
	WILLIAM F	ILLE GASS	
		Name of Person	<u> </u>
	HILLEGASS	CHEPENIK	* HOOD CPA
		Firm/Company	,
	427 3 ª	STREET	NORTH
		Address	
	JACK SENUIL	LE BEACH	FL 32250
	Bich # @	State and Zip Code HCH - CPA . CO	м
	E-mail address, (to be dis	ed for future annual report notificatio	n)
^	concerning this matter, please call:		
PAUL GI	RANT	at (90 y 53 4 6 Area Code Daytime Telep	389
Name	of Person	Area Code Daytime Telep	phone Number
Enclosed is a check for	the following amount:		
. /	*	ee aa roo a	_
7 325.00 FIIING 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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ROSENBLOOM HOLDINGS LLC

(Name of the Limited Liability Company as it now appears this is a limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on AREAHA Florida document number ___ L 19 000 26/1 95 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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 = Au	ıthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	PAUL GRANT	4604 Cedarwood Rd Jacksonville, FL 32210	Add
			□ Remove
			Change
MGR	PERCY ROSEN	BLOOM 1847 Woodmene DR Jacksonville, FL 32	X Add
		Jacksonville, PC 3	Remarc
			C Change
			C Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
			Change
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lf an effi Note:	ive date, if other than the date of filing:
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated .	November 6. 2019
	1 May 14-1100 los
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00