## L19000271617

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SECRETARY OF STATE FALLAHASSEE, FI

JUN 20 2020

## **COVER LETTER**

TO: Registration Se Division of Con			
Bloom, LL	С		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Steven R Bruce		
	<del></del>	Name of Person	<u></u>
	Bloom, LLC		
		Firm/Company	
	4615 NW 32nd Terrace		
		Address	<del></del>
	Cape Coral, FL 33993		
		City/State and Zip Code	
	steve@capitalland.net		
		to be used for future annual report no	otification)
For further information c	concerning this matter, please c	all:	
Steve Bruce		863 640-0750	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	rL 34314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bloom, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>ls.</u> )
he Articles of Organization for this Limited Liability Compar	ny were filed on 10/30/2019	and assigned
lorida document number L19000271617		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC	or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		SE 20
Principal office address MUST BE A STREET ADDRESS)		
	· · · · · · · · · · · · · · · · · · ·	
		ASSESSE TO
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<b>6</b>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	rs
	Flo	orida
	City	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>	Address	Type of Action
СМО	Kerry Adams	7132 23rd Street	■Add
		Zephyrhills, FL 33540	□Remove
			□Change
COO	Jarrett Myers	7435 Ashcroft Drive	<b>≅</b> Add
		Wesley Chapel, FL 33545	□ Remove
			□Change
CRO	Joshua Burton	5113 Terry Lane	<b>=</b> Add
		Lakeland, FL 33813	SECTION TO THE SECTION OF THE SECTIO
			Charge
VP Sales	James Piney	1236 Stratton Court W	
		Lakeland, FL 33813	☐ Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			Change

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	date of filing: 5/18/20		(options	il) ng \Pursuant to 60	5 020 <b>7</b>
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Filing Fee: \$25.00