

# L200000013272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

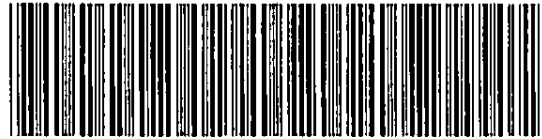
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2024 JUL -8 AM 9:44

CLERK OF COURT  
TALLAHASSEE, FLORIDA

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2024 JUL -8 PM 2:59

CLERK OF COURT  
TALLAHASSEE, FLORIDA

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 07/08/2024

**PRIORITY** Routine

**OUR REF #.(Order ID#)** Jacob

**ORDER ENTITY**

**Bloomspal Network LLC**

**PLEASE PERFORM THE FOLLOWING SERVICES:**

Bloomspal Network LLC

Please file the attached amendment document.

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be 'W6' or similar, located below the 'Sincerely,' text.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bloomspal Network 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:

Danilo Fabián Miranda

Name of Person

Riensch and Co., LLC

Firm/Company

1320 Taylor Street

Address

Hollywood Florida 33019

City/State and Zip Code

corporate@davalosmichel.com

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

For further information concerning this matter, please call:

Danilo Fabián Miranda at ( + 1954 ) 9135710  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**

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

**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

FILED

Bloomspal Network LLC

2024 JUL -8 AM 9:44

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 6<sup>th</sup>, 2020 and assigned  
Florida document number L20000013272.

This amendment is submitted to amend the following:

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

Riensch and Co., LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

*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>	<u>Address</u>	<u>Type of Action</u>
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Case	Initial	Final	Change
1	10	20	Add
2	10	10	Remove
3	10	10	Change
4	10	10	Add
5	10	10	Remove
6	10	10	Change
7	10	10	Add
8	10	10	Remove
9	10	10	Change
10	10	10	Add
11	10	10	Remove
12	10	10	Change
13	10	10	Add
14	10	10	Remove
15	10	10	Change

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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.

Dated July 5<sup>th</sup>, 2024 \_\_\_\_\_

- DocuSigned by:

Signature of a member or authorized representative of a member

Danilo Fabián Miranda

Typed or printed name of signee