## 120000047133

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O SIMMONS MAR 0 2 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

XX CERTIFIED COPY

PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62969

110110. 030 330 1300	
ACCOUNT NO. : I2000000195	
REFERENCE : 196821 4300043	
AUTHORIZATION : Spelle man	
COST LIMIT : \$ 55.00	
ORDER DATE : February 28, 2020	
ORDER TIME : 3:12 PM	
ORDER NO. : 196821-010	
CUSTOMER NO: 4300043	
DOMESTIC AMENDMENT FILING	-
NAME: BLOOM HOLDINGS II, LLC	
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BLOOM HOLI	•				
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appea Jability Company)	rs on our records.)	-	_	
The Articles of Organization for this Limited Liab Florida document number L20000047133	pility Company	were filed on	FEBRUARY 17, 2	2020	and ass	signed
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	ne limited liabi	lity company he	ere:		2020 FEE	j
The new name must be distinguishable and contain the word	ds "Limited Liabili	ity Company," the d	esignation "LLC" or	the abbrev	iatilona "L. OO	1C:12***
Enter new principal offices address, if applicab	le:	3328 NE 169th	Street		Im	
(Principal office address MUST BE A STREET)	ADDRESS)	North Miami Bo	each FL 33160		1 10	Anna d
				<u> ;</u>	<del></del>	<del></del>
Enter new mailing address, if applicable:		3328 NE 169th	Street			
(Mailing address MAY BE A POST OFFICE BC	<u>)X)</u>	North Miami Be	each FL 33160			
B. If amending the registered agent and/or regi		ddress on our re	ecords, <u>enter the</u>	name of	the nev	v registere
Name of New Registered Agent:	<del></del>					<del></del>
New Registered Office Address:	3328 NE 169th S					
			da sireet address			
<u> </u>	North Miami Bea	ach Cuy	, Florid	a 33160	p Code	<del></del>
		Cuy		ZI	р соае	

## 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 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>	Type of Action
MGR	STEVEN TCHIRA	3328 NE 169th Street	□Add
		North Miami Beach 33160	Remove
			Change
···			□Add
			Andd II
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n effective date is listed, the oter. If the date inserted	than the date of filing the date must be specific and in this block does not no on the Department of S	I cannot be prior to neet the applicab	date of filing or me e statutory filing	ore than 90 days after	ional) er filing.) Purs is date will i	uant to 605.020 not be listed a
ecord specifies a delaye	d effective date, but not	an effective time	, at 12:01 a.m. o	n the earlier of: (	b) The 90th	n day after the
		2020	4			
ted	February 28,	2020	. //			
	,	2020 nember or authoriz	ed representative	of a member		

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

Filing Fee: \$25.00