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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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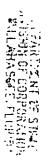
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations	*	•
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SUBJECT: 310	omscapes l	_ ـ ـ ـ ـ ـ	•
30BdEc1:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	الم جدا	Montag	
	LIZ H	Montes Name of Person	
		Name of Person	
	D1		
	Bloomscap	Ses LC	
	125 Nevac		
	192 Verai	The CT	
		Address	
		C1 220.00	
	<u>Davenport</u>	FC 33891.	 _
	•	City/State and Zip Code City/State and Zip Code	
	bloomerapes	lle & amail · cor	ท
	E-mail address: (to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	alle	
Tor further information e	oncerning and matter, prease ea		
المليل سا		um enn	7215
17 M PI	f Person	ar(40) - 511-	: Telephone Number
Name o	i reison	Area Code Daytine	: Telephone Number
Enclosed is a check for the	ha following amount:		
_	ne following amount.		
\$25.00 Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(
Mailing Addres		Street Address:	
Registration S		Registration Sec	
Division of C	-	Division of Corp	
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	OF	8
		農設を
Bloomecapes	1-L c.	r records.)
Blooms capes (Name of the Limited Liability	y Company as it now appears on our	records.)
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on	है। २० करें बेंगेd a श्रिकारत
Florida document number <u>L3-0000312.33</u>	L.	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •		
<u>Principal office address MUST BE A STREET ADDR</u>	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
	 	
B. If amending the registered agent and/or registered	l office address on our records	antar the name of the new registered
gent and/or the new registered agent and/or registered	office address on our records.	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t 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>	Address	Type of Action
MER	LIZ M Montes	135 Nevada et Davenport Fe 33897	Aydd
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			□Change
			
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