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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corpo	orations		
SUBJECT:	tibiscus Bliss	LLC ted Liability Company	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	_Titania Ms	Name of Person	
		Firm/Company	
	2319 Wilton	n Drive Suite 1	<u> </u>
	Wilton Hanor	RS FU 33305 City/State and Zip Code	
	E-mail address: (t	Bliss LLC @ gration of the used for future annual Jeport notification of the used for future ann	Lccm cation)
For further information con	ncerning this matter, please ca	111:	
Titania MSK;	Person	at () 754 4. Area Code Daytime	23 82 33 Telephone Number
Enclosed is a check for the	following amount:		
∑i \$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)
Mailing Address:		Street Address: Registration Sec	tion

Registration Section Division of Corporations

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

Hibiscus Bliss LLC		
(Name of the Limited Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L2000 3203k2</u> .	filed on October 9"3000	one and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u>ਹੈ</u>
		7.
		20
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)		
		
		 _
B. If amending the registered agent and/or registered office addre agent and/or the new registered office address here:	ss on our records, <u>enter the name</u>	of the new regi
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
(.	ity	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 agre	e to comply wi
provisions of all statutes relative to the proper and complete perfo		

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
MGR	Titania Mckinney	2312 Wilton Drive	□Add
	>	3310 Wilton Drive Suite 16 Wilton Manors, FL	□Remove
		33305	Ĉ Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
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Effective date, if other than the d If an effective date is listed, the date must l Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior ck does not meet the applic	cable statutory filing r		
e record specifies a delayed effective	date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
rd is filed.	, 2021	 `		
rd is filed. Dated	2021 Titania McKignature of a member or auth	imly	a mambar	

Filing Fee: \$25.00