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COVER LETTER

TO: Registratio Division of	n Section Corporations
SUBJECT: <u>Bl.</u>	Name of Limited Liability Company Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	Katiuscia Faulk Name of Person
	Blissful Hands Food and Catering ILC Firm/Company
	2326 NW 51st ST Address
	Miam, FL, 3.3142 City/State and Zip Code
	Katius Ciafaul Kogmail. Com E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Katusci Na	at (786) 488 - 8919 ne of Person Area Code Daytime Telephone Number
Enclosed is a check t	or the following amount:
□ \$25.00 Filing Fe	e

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

BlissFul Hands Filed And Cabelling Company as it now appears on our records. All 7:15

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 10/20/2020 and assigned
Florida document number <u>L2 00 0 0 3 33 2 5 4</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Blissful Hards Food And Catering LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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
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		÷ 3		
<u>Title</u>	<u>Name</u>	Address 2021 FEB 15	4H 7: Eype of Action	
MGR	Katiuscia Faulk	2326 NW 5145T		
		Miami, FL 33142	□Remove	
			Change	
			□ Add	
	 		□Add	
			□Remove	
			□Change	
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<u>e:</u> If	e date, if other than the date of filing: 10/20/200 (optional) tive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
cord :	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 state of the
ed	$1/\sqrt{1-1}$
	<u> </u>
	Signature of a member or authorized representative of a member