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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	side Bliss	LLC	
3000te1	Name of Limit	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	<u>Andrea</u>	V. Perez	
		de Bliss ILC Firm/Company	
	46/9 Pine	more Lane	
	Lake worth	FL 33463 City/State and Zip Code	
	Hillside 15155 E-mail address: (1	o & G mail . Com	icution)
For further information con	cerning this matter, please ca		
Andrea V.	Perez	at (<u>361</u>) 906 Area Code Daytime	- 6367 C Telephone Number
Enclosed is a check for the	following amount:		
€ \$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: Registration Se		Street Address: Registration Sec	ction
Division of Co.	rnorations	Division of Cor	porations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hillside Bliss	.LLC	<u> </u>
(Name of the Limited Liability C.) (A Florida Lim	Impany as it now appears itted Liability Company)	on our records.) -5 11 5: 16
The Articles of Organization for this Limited Liability Comp		
Florida document number <u>L20000 333943</u> .		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our re	cords, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Floria	la street address
		Elonido
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of	plete performance of r at as provided for in C	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is
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 **Type of Action** Title Title Name. <u>Address</u> Andrea V Perez _____ □Add NGR 46/9 Pinemore Lane, Lake Worth TL 33463 Thange MGR Carlos H. Perez 464 Pnemore Ln, Lake Worth Ft 33463 Echange _____ □Add _____ □Remove _____ □Change _____ □Remove ______ □Change

_____ □Add

Remove

_____ □Change

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lf an cif <u>Note:</u>	ive date, if other than the date of filing: 11 106 120 20 (optional) (ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
	d 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 led.
rd is fi	
rd is fi	led.

Filing Fee: \$25.00