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2021 JAN 27 PM 4: 56 SECRETARY OF STATE

3/12/21

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: - BLOVED Cas	ies UC
Name of Lin	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	r to the following:
Taylo	OY WISON Name of Person
J	Name of Person
Tai	150n Trends
	Thucompany
PO Box	<u> </u>
	Lampa, FL 33614 City/State and Zip Code
hello	a truspotrends com.
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please	call:
Taylor Wilson Name of Person	at (812) 431-8125
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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 Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 JAN 27 PH 4: 56

Bloved Cases	LLC SECRETARY OF STATE	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000b 388538</u> .	were filed on $12/14/2020$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Tayson Trends LLI	C	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	400 N. Rome Ave Unit 1218	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33606	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PU BOX 152258 Tampa, FL 33614-9998	<u>-</u> -
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regi	<u>stered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	_
	City Zip Code	

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ampany 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
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record	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
is file	4.
otad	January 22 2021
aicu	3-11-0-19
	January 22 . 2021. Taylor Julson Signature of a member or authorized representative of a member
	laylor juison

Filing Fee: \$25.00