

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000597313)))



H220000597313ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS	INC
Account Number	:	120090000081	
Phone	:	(307)200-2803	
Fax Number	:	(855)330-1010	

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILDER BLISS, LLC

AN 10: 46	 Certificate of Status Certified Copy Page Count Estimated Charge	0 0 04 \$25.00	<b>.</b> 	22 FE3 I 5	· , 
FB 15			<b>4</b>		(1 _) 

Electronic Filing Menu Corporate Filing Menu

**LEB 10 5055** dlaH T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## Wilder Bliss, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on  $\frac{02/17/21}{2}$ and assigned Florida document number L21000081836

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

## 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	22
	. Florida	
	City:	Zip Code
iew 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	MICHAEL ALLISON	7901 4TH ST N STE 300	🗆 Add
		ST. PETERSBURG, FL 33702	i≹Remove
			□Change
			🗆 Add
		······································	🗋 Remove
			□Change
<u></u>		<i></i>	□Add
			🗆 Remove
			Change
			🗆 Add
		<b></b>	Remove
			🗆 Change
			□ Add
			□Remove
			Change
			□Add
			🗆 Remove
			⊡Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

<b>*</b>				
		·		
· · · · · · · · · · · · · · · · · · ·				 
11 <sup>-</sup> 22	<b></b>		 	 · = •
			 .=	
			 	 ·····
			 w	

If the 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 record is filed.

Dated 02/15	2022	
$\sim$	Signature of a member of authorized representative of a member	
	Signature of a member or authorized representative of a member	
Morgan No	ble	
<u></u>	Typed or printed name of signee	

Filing Fee: \$25.00