## LZ1000110711

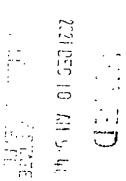
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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A. BUTLER DEC 2 7 2021

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	- Bloom Euc Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michae	Name of Person	
		Firm/Company	
	6595 M	it. Pisgah Rd	Hono
	F4. 1	Meade F1 33	3841
	michael E-mail address: (1	Dasts O 00+10	ok tom
For further information c	oncerning this matter, please ea	all:	
Michael	Paris	at ( <u>863</u> ) 773	- 7457 e Telephone Number
Name o	retson	Area Code Dayani	e refeptione Number
Enclosed is a check for th	ne 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 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

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on Liability Company)	2021 DEC 10 AM 9-45 our records.)
The Articles of Organization for this Limited Liability Company	were filed on <u>03</u>	OF STATE 08/2021 SSEE, FL and assigned
Florida document number <u>L21000110711</u> .	•	· · ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Michael Paris Designs The new name must be distinguishable and contain the words "kimited Liabi	LLC lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	Sebring,	rial Drive Fl 33870
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	<del></del>	
	Enter Florida s	street address
		Florida Zip Code
	City	Zīp 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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			[]Change
			[]Add
			[_]Remove
			[:]Change
			[]Add
			[]Remove
			[7]Change
		<del></del>	[]Add
			[]Remove
			[]Change
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If an eff <u>Note:</u>	ve date, if other than the date of filing:
e record	I 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 ed.
Dated	December 7 2021  Jenather of a member or authorized representative of a member
	Michael D. Paris