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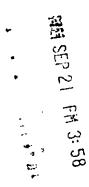
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Seconds Division of Corp			
The Bloom	Biz, LLC		
SUBJECT:	Name of Limi	ted Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
i	Janey Gurr		
		Name of Person	
	KKOS Lawyers		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1883 W. Royal Hunte Driv	re, Suite 200	
	-	Address	
	Cedar City, UT 84720		
		City/State and Zip Code	
	janey.gurr@kkoslawyers.co	om to be used for future annual report notif	instina)
For further information of	concerning this matter, please co		eadon)
Janey Gurt		435 586 <del>,</del> 9366	
Name o	f Person		: Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	S \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Address		Channa A.J.S.	

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

y Company as it now appears on our recor Limited Liability Company)	<u>rds.</u> )
ompany were filed on 6/28/2021	and assigned
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d office address on our records, <u>ente</u>	r the name of the new registe
Enter Florida street addr	ess
<b>.</b>	Touldo
, E	Florida Zip Code
	Imited Liability Company)  ompany were filed on 6/28/2021  ted liability company here:  ited Liability Company," the designation "LL  ESS)  Enter Florida street addr

## 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

<u> Title</u>	Name	Address	Type of Action
AMBR	Angelina Concepcion	66 West Flagler Street, Suite 900-#4475	
		Miami, FL 33130	≅Remove
			Change
MGR	Angelina Concepcion	66 West Flagler, Street, Suite 900-#4475	BAdd
		Miami, FL 33130	□Remove
			Change
			□Add
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			Change
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			Change
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			□Remove
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			Change

Adding EIN Number: 87-2588647		
Hading City Townsel : CT 2000011		
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tive date, if other than the date of filing:	nore than 90 days after filing.) Pursuant to	o 605.
If the date inserted in this block does not meet the applicable statutory filing	ng requirements, this date will not be	liste
ment's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day	after
filed.		
0 1 1 22 22 23 25 2		
a September 10th, 2021		
and the second		

D.

Filing Fee: \$25.00