

To:

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From: ZenBusiness User

L21000492629

Florida Department
Division of Corporations
Electronic Filing Center

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(shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : ZENBUSINESS INC.
Account Number : 120230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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
WILLOW'S BLISS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

JUL 29 2024

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Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT H24000255174 3
TO
ARTICLES OF ORGANIZATION
OF

Willow's 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 02/07/2022 and assigned
 Florida document number L21000492629.

This amendment is submitted to amend the following:

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

C&N Consulting Solutions LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3750 Gunn Highway

Suite 306

Tampa, FL 33618

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3750 Gunn Highway

Suite 306

Tampa, FL 33618

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

City Florida Zip 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Zhaune Norton	514 Margot Court	☐ Add
		Brandon, FL 33511	☒ Remove
			☐ Change
AMBR	Tijwana Couter	3750 Gunn Highway	☐ Add
		Suite 306	☐ Remove
		Tampa, FL 33618	☒ Change
AMBR	Jimmie Norton	3750 Gunn Highway	☒ Add
		Suite 306	☐ Remove
		Tampa, FL 33618	☐ Change
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Update Business Purpose: To provide sellers and buyers solutions while selling or buying a home

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.00207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 July 29th 2024

8: Tiwana Conner

Signature of a member or authorized representative of a member

Tijwana Conner, Member

Typed or printed name of signer

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Filing Fee: \$25.00