

122 000004929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

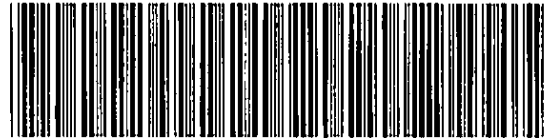
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500380067505

FILED

2022 JAN 24 AM 7:21

SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
FEB 04 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Susan J Bloom LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan J Bloom

\_\_\_\_\_  
Name of Person

Susan J Bloom LLC

\_\_\_\_\_  
Firm/Company

6513 Sandpiper Drive

\_\_\_\_\_  
Address

Coconut Creek, FL 33073

\_\_\_\_\_  
City/State and Zip Code

drsusanbloom@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan J Bloom

847

372-9612

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 **FILED**  
OF

2022 JAN 24 AM 7:21

Susan J Bloom LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records) SS 01, FL  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 27, 2021 and assigned  
Florida document number L22000004929.

This amendment is submitted to amend the following:

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

Susan J. Bloom, 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)

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:

Susan J. Bloom

New Registered Office Address:

Enter Florida street address

Florida

City

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.*

Adding as  
AmBR

Signature of New Registered Agent



[illegible]

(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 605.0207 (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.

Dated January 15th, 2022, 05:24 p.m.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**