

L22000040565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

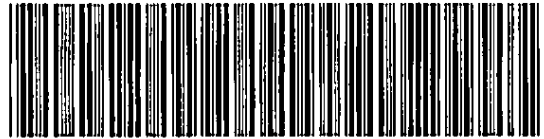
(Business Entity Name)

(Document Number)

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12/02/22--01008--029 **25.01

2022 DEC -2 PM 1:23
SECRETARY OF STATE
FALLING LEAF

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BlumPrint Unlimited 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:

Robert Sisk

Name of Person

Flowers 4 Your Wedding LLC

Firm/Company

1006 Sonata Ln

Address

Apollo Beach FL, 33572

City/State and Zip Code

Blumprints@gmail.com

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

For further information concerning this matter, please call:

Robert R. Sisk

Name of Person

at (954)

Area Code

300-2089

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BlumPrint Unlimited 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 1/21/22 and assigned
Florida document number L22000040565.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1006 Sonata Ln

Apollo Beach FL, 33572

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1006 Sonata Ln

Apollo Beach FL, 33572

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:

Robert R. Sisk

New Registered Office Address:

1006 Sonata Ln

Enter Florida street address

Apollo Beach

City

Florida

33572

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.

Robert R. Sisk

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Trista Sisk	6006 Laketree Ln	<input type="checkbox"/> Add
		Tampa FL, 33617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Sisk	1006 Sonata Ln	<input checked="" type="checkbox"/> Add
		Apollo Beach FL, 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cindy Sisk	1006 Sonata Ln	<input checked="" type="checkbox"/> Add
		Apollo Beach FL, 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This business was purchased by Flowers 4 Your Wedding LLC and the former owner no longer

has any ties to it. Please remove her name and address from the LLC Registration.

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SECRET

E. Effective date, if other than the date of filing: 10/15/22 (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 605.0207 (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.

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 November 25th, 2022



Signature of a member or authorized representative of a member

Robert R. Sisk

Typed or printed name of signee