# 12200065349

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(100	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

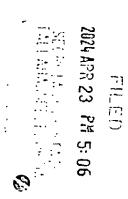
Office Use Only



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# COVER LETTER

TO: Registration Second Division of Corp			
SUBJECT: <u>L'ALLE</u>	Name of Lim	TVE, LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>DANIEUE</u>	CALLENDER Name of Person	
		- CREATIVE, LLC Firm/Company	
	8236 NW	97H ST Address	
	PLANTATION,	FLURIDA 33324 City/State and Zip Code	
	INFUC (A	ALLEN DER CREATIVE to be used for future annual report notif	F. COM
For further information co	oncerning this matter, please ca	·	
DANTELLE	CALLENDER	at ( <u>954</u> ) <u>549</u> Area Code Daytimo	-0506
Name of	Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for th	e 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 ARTICLES OF ORGANIZATION **OF**

CAUFNOOR REA	IIVE //C
(A Florida Limit	npany as it now appears on our records.) ed Liability Company)
he Articles of Organization for this Limited Liability Compa	any were filed on $02/08/22$ and assigned
lorida document number <u>L220000 65349</u> .	/ /
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited li	iability company here:
BLOOMED CREATIVE LLC	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	24 A
Principal office address MUST BE A STREET ADDRESS	
	_
nter new mailing address, if applicable:	\$ <b>%</b>
Mailing address MAY BE A POST OFFICE BOX)	
	ce address on our records, enter the name of the new registere
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
<del></del>	
	Enter Florida street address
	Enter Florida street address  Florida  City Zip Code

## 1

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 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>	Address	Type of Action
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			□Remove
			☐ Change
		<del></del>	□Add
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an em <u>ote:</u>	ve date, if other than the date of filing:
ecore	d 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.
ated _	04/08/20201 Dall
	Signature of a member objuithorized representative of a member