L22 000 097 139

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only Color Light Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bajan Bliss LL	
Name of Lim	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for tiling.
Please return all correspondence concerning this matter	to the following:
<u>Bajan</u>	Bilss (LC Name of Person
Regi	Firm/Company
111 North	Orange Avenue Suite 800
	Chy/State and Zip Code
<u>Bajan blis</u>	511CO extic thangs com to be used for future annual report notification)
For further information concerning this matter, please c	all:
Shelpa Dean Franklin Name of Person	at (386) 261 1105 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
① \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FI, 32303

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bajan Bl	iss UC
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L22000097139</u>	ompany were filed on FLO 24, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L.L.C" 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 agent and/or the new registered office address here:	111 North Drange Avenue Driando F1 32801 111 North Orange Avenue Suite 800 Orlando F1 32801 Orlando F1 32801 office address on our records, enter the name of the new registered
New Registered Office Address: 3	Sheena Dean Franklin 19 Center Avenue HB Enter Florida street address 4tona Beach Florida 32117
	Cay Zip Coae

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 Of	<u>Address</u>	Type of Action
MGR	Shelna Doun Managex	319 center Ave 1+B	[C Add
	O	Datona Beach F1 3211	Z ⊡Remove
			🗆 Change
AMBR	Orla Dean	319 Center Auc +B	<u>S</u> Add
	319 center Auc #B Daytona Beach Fl 32	∐7□Remove	
			□Add
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ord specifies a iled.	delayed effective do	ite, but not an effect	ive time, at	12:01 a.m. on t	he earlier of: (b) The 90th day	after the
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