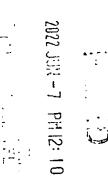
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### **COVER LETTER**

Division of Cor			
SUBJECT:	ansen Home I Name of Lim	ESIGNS LLC lited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Junissa J	Name of Person	
		Firm/Company	
	4949 Marbrisa	Dr. Apt. 1102 Tamp	<u>a</u>
	jansenhomedes	Tampa, FL 33624 City/state and Zip Code 1995 Rg mail. Lom to be used for future annual report notif	fication)
For further information c	oncerning this matter, please co		
Junissa Name o	Jansen F Person	at (813) SV9 Area Code Daytime	- 0739 e Telephone Number
Enclosed is a check for the	ne 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

## **Cover Letter**

Name: Junissa Jansen

Telephone Number: (813)509-0732

Return Address: 4949 Marbrisa Dr Apt 1102

Tampa, FL 33624

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Jansen Hime Des	ians IIC		2022 JUH - 7 PH 12:
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appear iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L22000115152</u> .	were filed on	4/6/2033	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil  Black & Blush LLC  The new name must be distinguishable and contain the words "Limited Liabili"			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)		NIA	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our re	cords, enter the na	me of the new registered
Name of New Registered Agent:	N	A	
New Registered Office Address:	Enter Flor	ida 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.

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
MA		<del> </del>	🗀 Add
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an effective <u>lote:</u> If the	date, if other than the date of filing:
record spec I is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ated	·
	June Lamen
_	Signature of a member or authorized representative of a member  JUNISSA JANSEN
	honicsa lancen
	A INTERNATIONAL AND A STATE OF THE STATE OF

Filing Fee: \$25.00