# LZZ 000176941

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05/20/22--01014--015 \*\*25.00

22 MAY 20 PM 3: 25

T. MATTHEWS
JUL 20 2022

### **COVER LETTER**

Division of Corporations
SUBJECT: Bladle Euphoria, LLC Name of United Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anna Maria Buford-Howard
Blaque Euphoria, 11C
9303 Treasure Coast Street
Fort Pierce, FL 34945 City/State and Zip Code
bicique cuphoria @ amail.com  Finall address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{ S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{ Certified Copy (additional copy is enclosed)}\$\$\$ 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 CRETARY OF STATE DIVISION OF CORPORATIONS

**OF** 

0, 1,	^	22 MAY 20 PM 3: 25
Blaque Eliphoria 1	LLC	
Same of the Limited Liability Contpa (A Florida Limited I	ny as it now appear Liability Company)	nrs on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L220001710941</u> .	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company h	<u>iere</u> :
The new name must be distinguishable and contain the words "Limited Liabit	ity Company, the d	designation "LEC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our r	records, <u>enter the name of the new register</u>
Name of New Registered Agent:	<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>
New Registered Office Address:		
	Enter Flor	orida street address
		, Florida
	City	Zıp 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

Title	Name	Address	Type of Action
MGR.	Anna M. Buford- Howard	9303 Treasure Coast St	- Wish
	Howard	Fort Pierce FL 3494.	5 □Remove
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_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
he recor	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 led.
Dated	May 13  2022  Mina Maria Bufor Control of a member of
	Anna Maria Buford-Howard Typed or printed name of signee

Filing Fee: \$25.00