## K22000374281

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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations		•	
211515270		ne Candle Co. LLC		•	
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ı all correspo	ndence concerning this matter	to the following:		
		Margaret Blash			
			Name of Person		2022
		Blush N Bone candle Co. I	.LC		2022 SEP -2 PM I2: 07
			Firm/Company	<del></del>	2-5
		17255 SW 95th Ave M239			P :
			Address		PM 12: 07
		Miami, Fl. 33157			7
		blushessentialcare2022gmai	City/State and Zip Code		
			to be used for future annual report no	tification)	
For further i	nformation c	oncerning this matter, please co	all:		
Margaret Bl	lash		786 838-8127 at ( )_		
	Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is	a check for th	ne following amount:			
<b>≡</b> \$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	tus &
Re	ailing Addres egistration S vision of C		Street Address: Registration So Division of Co		
Р.	O. Box 632	7	The Centre of	•	
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blush N Bone Candle Co. LLC	
( <u>Name of the Limited Liability Company as it now appear</u> (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on <u>C</u>	$8 \sqrt{25/2022}$ and assigned
florida document number 1.22000374281	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
Blush & Bone Candle Co. LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	20
	75H 75H
	다 보라 - 10~1
	2 355
Enter new mailing address, if applicable:	<b></b>
Mailing address MAY BE A POST OFFICE BOX)	
	7
B. If amending the registered agent and/or registered office address on our r	ecords, <u>enter the name of the new register</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	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>	Name	Address	Type of Action
CEO	Margaret Blash	17255 SW 95th Ave M239	□Add
		Palmetto Bay, Fl 33157	□Remove
			■ Change
			□Add
			□Ranger C
			☐GHangŠ
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fective date, if other than the d in effective date is listed, the date must be ote: If the date inserted in this bloc beament's effective date on the Dep	k does not meet the	applicable sta	of filing or more th tutory filing req	(optiona an 90 days after fili airements, this da	il) ng.) Pursuant to 605. ite will not be liste	,0207 ( ed as t
record specifies a delayed effective is filed.	date, but not an effe	ctive time, at	2:01 a.m. on the	e earlier of: (b)	The 90th day after	the
ited August 29	2022					
	N Pa	N.N				

Typed or printed name of signee