L22000413706

(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(Ĉi	ty/State/Zip/Phone #)
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COVER LETTER

TO:

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CHD ICCT	Blossom Sp	orings LLC			
SUBJECT	·	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	m all correspo	ondence concerning this matter	to the following:		
		Erin R Seaberg			
			Name of Person		
			Firm/Company		
		4110 39th Ave W			
			Address		
		Bradenton, FL 34205			
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		erseaberg@gmail.com			
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)	
Erin R Seal	berg		941 2856996		
	Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is	a check for th	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)	
	ailing Addres		Street Address:		
	egistration S ivision of C	section orporations	Registration Section Division of Corporations		
	O. Box 632		The Centre of		
Ta	llahassee, I	FL 32314		pe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2023 AUG -7 AM 7: 04

Blossom Springs LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Floric	da Limited Liability Compa	ny)	
The Articles of Organization for this Limited Liability (Florida document number L22000413706	Company were filed or	September 22, 2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability compan	<u>v here</u> :	
Erin Seaberg LLC			
The new name must be distinguishable and contain the words "Lin	mited Liability Company,"	the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	***	
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:		ur records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Fost on	Florida street address	
	Enter	r torida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere	•		AID COME
ACT ACCIDICA MECHE S SIGNATURE, II CHAUPING RESISTER	cu /igeiii.		

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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

Title	<u>Name</u>	Address	Type of Action
AMBR	Erin R Seaberg	4110 39th Ave W	
		Bradenton, FL 34205	□Remove
			≘ Change
AMBR	James W Scaberg	4110 39th Ave W	
		Bradenton, FL 34205	□Remove
			☐ Change
		- Control of the cont	
			□Remove
			□Add
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Effective date, if other the fan effective date is listed, the Note: If the date inserted in document's effective date of	this block does	s not meet th	ne applicab	date of filing o	r more than 90 ling requirem	(optional) days after filing ents, this date	.) Pursuant to 605. will not be liste	0207 d as
ne record specifies a d The 90th day after th	elayed effect se record is f	ive date, îled.	but not a	an effectiv	e time, at :	12:01 a.m.	on the earlie	r of
Dated August 5		202	23	, •				
en h S	1				ive of a membe			
	- Signatur	e or a membe	T OT BUIDORIA	red representat	ive or a membe	:r		

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Filing Fee: \$25.00