L23000101656

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Division of Co	rporations		
Removal o	f Member		
5018DCT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kristine Dobosenski		
		Name of Person	
	Blossom and Flourish Bea	uty	
		Firm/Company	
	422 Grand Oaks Road		
		Address	
	Tallahassee, FL, 32317		
		City/State and Zip Code	
	hello@kristinemarie.co	to be used for future annual report notif	(antion)
		•	ication)
For further information (concerning this matter, please o	an:	
Kristine Dobosenski		850 4433900 at ()	
Name (of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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 Addre	ec:	Street Address:	

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, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blossom & Flourish Beauty LLC	
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Co	<i>»</i> appears on our reçords.) mpany)
The Articles of Organization for this Limited Liability Company were filed	113 may 20132
The Articles of Organization for this Limited Liability Company were filed	d on $\frac{02/24/2023}{2}$ and assigned
Florida document number L23000101656	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1023 /
Principal office address MUST BE A STREET ADDRESS)	PR
	\$ 6
	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	-
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, enter the name of the new regi
gent and/of the new registered office address nere.	
Name of Nov. Docistand Acont	
Name of New Registered Agent:	.
New Registered Office Address:	
E	Inter Florida 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
VP	Alexandra Wibberly	426 Grand Oaks Road Tallahassee FL 32317	□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
		□Remove	
			□Change
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<u>ote:</u> l	e date, if other than the date of filing:
record is file	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 d.
ated _	4/24/2023
	Signature of a member or authorized representative of a member
	Kristine Dobosenski
	Typed or printed name of signee