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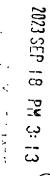
(Requestor's Name)
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(Document Number)
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Registration Section

iO:

COVER LETTER

Division of Cor	porations					
Bliss Marke	ring & Economerce					
SUBJECT:	Name of I im	nted Liability Company	 			
		a recent				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing				
Please return all correspo	ndence concerning this matter	to the following				
	Trevor Williams					
		Name of Person				
		Firm Company				
	55 W Church St Unit 603					
		Address				
	Orlando FL 32801					
		City/State and Zip Code				
	Trevor_239@ icloud.com	to be used for future annual report not	ic			
For further information c	oncerning this matter, please co		Headon			
Trevor Williams		at ()				
Name o	f Person	Area Code Daytin	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)			
Mailing Address: Pagistration Section		<u>Street Address:</u> Registration Se	ection			
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 632		The Centre of				
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sparkling Foam Cleaning Soultions (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $^{-06/15/2023}_{--}$ Florida document number 1/23000289583 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bliss Marketing & Ecommerce LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 55 w church st Unit 603 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
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			Change
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