

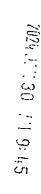
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PK 05/11/2024

## **COVER LETTER**

TO: Registration Section

Divisio	on of Corp	orations		
Bl	JOOM WO	OMEN'S WELLNESS LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed A	rticles of A	amendment and fee(s) are subn	itted for filing.	
Please return all	l correspon	idence concerning this matter to	the following:	
		Kristan Walters		
			Name of Person	
		BLOOM WOMEN'S WELL	NESS LLC	
			Firm/Company	
		2669 19th Street		
		,	Address	
		Vero Beach, FL 32960		
			City/State and Zip Code	
		kristan@bloomwomenswelli E-mail address: (1	o be used for future annual report not	(fication)
For further info	ormation co	oncerning this matter, please ca	11:	
Kristan Walter	īs		772 216-4762	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a c	theck for th	ne following amount:		
■ \$25.00 Fil	ling 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)
Regi Divi P.O.	. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024311130 71 9:45

BLOOM WOMEN'S WELLNESS LLC

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

ganization for this Limited Liability Company were filed on 12/02/2023 and assigned	
iumber (123000373143)	rida document number L23000535845
submitted to amend the following:	is amendment is submitted to amend the fo
ame, enter the new name of the limited liability company here:	If amending name, enter the new name
distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	new name must be distinguishable and contain the
pal offices address, if applicable:	ter new principal offices address, if appl
ddress MUST BE A STREET ADDRESS)	incipal office address MUST BE A STRE
g address, if applicable:	ter new mailing address, if applicable:
MAY BE A POST OFFICE BOX)	<u>ailing address MAY BE A POST OFFIC</u>
e registered agent and/or registered office address on our records, <u>enter the name of the new registered office address here</u> :	If amending the registered agent and/or ent and/or the new registered office addr
New Registered Agent:	Name of New Registered Agent:
istered Office Address:	New Registered Office Address:
Enter Florida street address	
. Florida	
City Zip Code	
g address, if applicable:  MAY BE A POST OFFICE BON)  The registered agent and/or registered office address on our records, enter the name of the new registered office address here:  New Registered Agent:  Interviolate istered Office Address:  Enter Florida street address  The Florida	ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE  If amending the registered agent and/orent and/or the new registered office address:  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 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>	<u>Address</u>	Type of Action
MGR	Kristan Walters	2669 19th Street, Vero Beach FL 32960	<b>=</b> Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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Effective date, if other than the	date of filing:	····	(optiona	I)
If an effective date is listed, the date must Note: If the date inserted in this blo	be exactly and cannot be t	eriar ta date af filine ar n	ore than 90 days after filir o requirements, this da	ig.) Pursuant to 605.0207 ( te will not be listed as t
document's effective date on the De	partment of State's rece	ords.	<b>5 ( )  </b>	
e record specifies a delayed effective	date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
rd is filed.				
1 184h	2024			
Dated January 18th	·	·		
	<u></u>			
/_ /		authorized representativ		

Filing Fee: \$25.00

Typed or printed name of signee