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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	

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08/27/24--01021--015 **60.90



COVER LETTER

	istration Sec sion of Corp				
	Krista M Sca	vron LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Krista Scavron			
			Name of Person		
		-	Firm/Company		
		10935 Bristol Bay Drive U	nit 202		
			Address		
		Bradenton, Florida 34209			
		kristascavron@gmail.com E-mail address: (i	City/State and Zip Code to be used for future annua		n)
For further in	formation cor	neerning this matter, please ea	all:		
Krista Scavro	n		808 72	279275	
	Name of I	Person	Area Code	Daytime Telep	phone Number
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address:			Address:	
	istration So ision of Co			ration Section on of Corporat	ions
	. Box 6327			entre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Krista M Scavron LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company	were filed on June 10, 2024	and assigned
lorida document number L24000263935		
this amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
BLISSSFFULLL LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~ ~
Principal office address MUST BE A STREET ADDRESS)		124 124
		11. SOB
		27 21 111
nter new mailing address, if applicable:		55C 70 111
Mailing address MAY BE A POST OFFICE BOX)		[T](1)
maining address MAT BEAT OST OFFICE DONY		- 5 5 5
		
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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			Change
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ffect	ive date, if other than the date of filing: 09.09.2024 (optional) ietive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocun	thent's effective date on the Department of State's records.
	— ,
recor l is fi	d 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
ated	August 22 2029
	August 22 2024
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00