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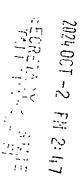
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer	

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COVER LETTER

TO:	Registration S Division of Co		
CUDIE	Blissley D	Designs LLC	
SUBJE	CI:	Name of Lin	ited Liability Company
The enc	losed Articles o	f Amendment and fec(s) are sub	omitted for filing.
Please r	eturn all corresp	ondence concerning this matter	to the following:
		Megan Joyner Hull	
			Name of Person
		Blissley Designs LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company
		2403 Laurentina Ln.	
			Address
		Cape Coral, FL 33909	
			City/State and Zip Code
		meganjhull@gmail.com	to be used for future annual report notification)
For furt	ner information	concerning this matter, please c	一直就 B
Megan .	Joyner Hull		239 205-0433 (**)
	Name	of Person	Area Code Daytime Telephone Number
Enclose	d is a check for	the following amount:	· •
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: 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

Blissley Designs LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L2400033740)	Company were filed on 07/31/2024	and assigned
Florida document number	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	<u></u>
		TEC 0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
	-	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Megan Joyner Hull	2403 Laurentina Ln.	= Add
		Cape Coral, FL 33909	□Remove
		·	□Change
MGR	Megan Joyner Hull	2403 Laurentina Ln.	= Add
		Cape Coral,FL 33909	□Remove
			□ Change
			Remove
			□Change
			□Add
			TALE CONTRACTOR
			Change.
			☐ Add ☐ Remove
			□Add
			□Remove
			Chance

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Effective data if other than the dat	o of Glina			(1)1 >		
C. Effective date, if other than the date (If an effective date is listed, the date must be s Note: If the date inserted in this block document's effective date on the Depart	pecific and cannot b loes not meet the	applicable statute	ing or more than 90 da ory filing requiremen	(optional) ys after filing.) its, this date w	Pursuant to 6 vill not be 1	605.0207 (3)(isted as the
the record specifies a delayed effective datecord is filed.	c, but not an effec	ctive time, at 12:0	11 a.m. on the earlies	r of: (b) The	90th day a	fter the
Dated September 23rd	2024					
1000 11	·	 •				
// / () / / Tal	$N \subset$		entative of a member			

Typed or printed name of signee