

10/14/24, 10:10 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
H24000343417 3
L24000346049
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((H240003-13-117 3)))



H24000343417348C

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ZENBUSINESS INC.
Account Number : 120230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMATI BLOSSOM LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON
OCT 14 2024

Electronic Filing Menu Corporate Filing Menu Help

H24000343417 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H124000343417.3

Amati Blossom LLC

(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 08/07/2024 and assigned
Florida document number L24000346049.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

6300 N Wickham Rd

#130 #481

Melbourne, FL 32940

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6300 N Wickham Rd

#130 #481

Melbourne, FL 32940

FILED
2024 OCT 14 PM 3:32
SECRETARY OF STATE
ALLAHASSEE, FL

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:

Enter 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 Changing Registered Agent, Signature of New Registered Agent

H124000343417.3

To:

Page: 3 of 4

2024-10-15 04:13:57 UTC+14

18506176383

From: ZenBusiness Usr

H24000343417.3

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>	<u>Type of Action</u>
AMBR	Amanda Maria Sookdeo	6300 N Wickham Rd	☐ Add
		4130 #481	☐ Remove
		Melbourne, FL 32940	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
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			☐ Change

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TALLAHASSEE FL

H24000343417.3

11240003434173

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

100

2024 OCT 14 PM 3:32

SECTION OF STATE
TALLAHASSEE, FL

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed

Dated October 14th 2024

of Amanda Maria Sookden

Signature of a member or authorized representative of a member

Amanda Mada Sookdeo

Typed or printed name of signer

1124(00)3-43417.3

Filing Fee: \$25.00