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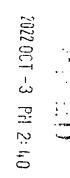
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## **COVER LETTER**

Registration Section

TO:

Division of Co	rporations			
	OOM STUDIO LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	RIHARDS LAURANS			
		Name of Person		
	ROSE BLOOM STUDIO	L.L.C		
		Firm/Company		
	7318 STELLA LN			
		Address		
	LAKE WORTH, FL 3346	3		
		City/State and Zip Code		
·	INFO.ROSEBLOOMSTUI	DIO@GMAIL.COM to be used for future annual report no	((limition)	
For further information c	oncerning this matter, please c		verteurorij	
RHIARDS LAURANS		561 665-0720		
Name o	f Person	at () Area Code Daytii	ne Telephone Number	
		·	•	
inclosed is a check for th	ne following amount:			
<b>■</b> \$25.00 Filing Fee	S30.00 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 Addres Registration 5		Street Address: Registration So	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROSE BLOOM STUDIO LLC		
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L Florida document number 1.22000408104		and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STRE)	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		ecords, enter the name of the new register
Name of New Registered Agent:	LAURANS RIHARDS	
New Registered Office Address:	7318 STELLA LN	
	Enter Flor	ida street address
	LAKE WORTH	, Florida 33463
	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>	Address	Type of Action
MGR	POPOV ILZE	7318 STELLA LN	Add
		LAKE WORTH, FL 33463	□Remove
			□Change
MGR LAURANS RIHARDS	LAURANS RIHARDS	7318 STELLA LN	<b>⊒</b> Add
	LAKE WORTH, FL 33463	□Remove	
			☐ Change
			□Add
		·	□Remove
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Effect	ive date, if other than the d	ate of filing:		(optional)	
Note:	fective date is listed, the date must be If the date inserted in this blochent's effective date on the Dep	k does not meet the appli	icable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605 ements, this date will not be liste	.0207 (3)(1 ed as the
the recorceord is fi		date, but not an effective	time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after	r the
Dated	SEPTEMBER 27	2022-			
17med					
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	5	iguature of a member of and	adrized representative of a me	TRACT	

Typed or printed name of signee