

L11000119229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

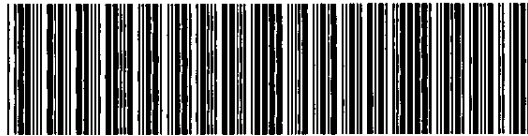
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400218073224

02/15/12--01023--003 **25.00

2012 FEB 15 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS
FEB 16 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jasmiwe True Blessings LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jasmiwe Pointer
Name of Person

Jasmiwe True Blessings LLC
Firm/Company

6202 Shedlow Rd #63
Address

Tampa FL 33615
City/State and Zip Code

FINELIL LADY89@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jasmiwe Pointer at (239) 645-9466
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2012 FEB 15 AM 10:35

Jasmine True Blessings LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-19-2011 and assigned Florida document number L11000119229.

This amendment is submitted to amend the following:

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

Stay as same

The new name must be distinguishable and end with 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)

Stay as same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Stay as same

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:

Stay as same

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sammy Mitchell	6166 Markland AVE Ft Myers FL 33916	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jasmine Pointer	6262 Shed Low Rd #613 Tampa FL 33615	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 2-10-2011

Tiffany Mitchell
Signature of a member or authorized representative of a member
Tiffany Mitchell
Typed or printed name of signee

FILED
2012 FEB 15 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA