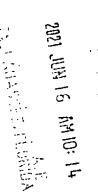
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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06/16/21--01009--008 **25.00



COVER LETTER

TO:

Registration Section

Divisi	on of Cor	porations		
OUBLEOK	THE	BLESSING DAY SERVICES	LLC	
SUBJECT: _	-	Name of Lim	ited Liability Company	
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		FIONA Y	SANTAMARIA GARCIA	
			Name of Person	
			Firm [,] Company	
		714 HOLLYWOOD BL	VD EAST	
			Address	
		MARY ESTHER, F	L 32569	
			City/State and Zip Code	
			raning_21@outlook.com	
			to be used for future annual report not	tification)
For further info	rmation c	oncerning this matter, please co	all:	
FIONA Y SAN	ITAMARI	IA GARCIA	at (850) 533-	3865
	Name of	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a ch	neck for th	ne following amount:		
■ \$25.00 Fili	ng 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)
Regis	e Addres tration S	Section	<u>Street Address:</u> Registration Se	ection
		orporations	Division of Co	-
	Box 632 hassee F	7 FL 32314	The Centre of 2415 N. Monre	Fallahassee oc Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BLESSING DAY SERVICES LLC

(Name of the Lin	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Florida document number L21000159725		and assigne	ed		
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :			
The new name must be distinguishable and contain the	words "Limited Liability Company." the de-	esignation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if apple	icable:	271			
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>			
		a de la companya de l	<u>. </u>		
Enter new mailing address, if applicable:		5 3	-		
(Mailing address MAY BE A POST OFFICE	0; (B)				
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:			<u>gistere</u>		
Name of New Registered Agent.					
New Registered Office Address:	714 HOLLYWOOD BLVD EAST				
		ida street address			
	MARY ESTHER	, Florida ³²⁵⁶⁹			
	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	SOLANGEL RODRIGUEZ RIER/	714 HOLLYWOOD BLVD EAST	⊒Add
		MARY ESTHER, FL 32569	■Removc
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			[]Remove
			☐ Change
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cord specifies a delayed s filed.	l effective date. I	but not a	n effective	time, at 12	:01 a.m. or	the earlie	r of: (b)	The 90	th day aft	er the
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