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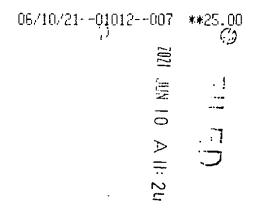
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only 07/12/21

J.C.



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: M& R	Blessing 5 LL(		•
1	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:	
	Marjoria La	Name of Person	
	Mil Bless	Firm/Company	
	1847 N. Fice	HA ROL Address	- <u>-</u>
	Avon Park C	\ 33895 City/State and Zip Code	
		in LL QCM ( ) . (	ification)
For further information c	oncerning this matter, please co	all:	
Marjorie La Name o	Person	at (H077 ) SCI - 1	777 ne Telephone Number
Enclosed is a check for th	ne following amount:		NON 1
₹\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T	porations Fallahassee
Tallahassee, I	*L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MéR BEINGS (Name of the Limited Lize	ability Company as it now appears on our records.) orida Limited Liability Company)	<u></u>
	_	
The Articles of Organization for this Limited Liabilit	ty Company were filed on <u>.5 - 3 - 20 2 '</u>	and assigned
Florida document number \( \Q\ \Q\ \Q\ \Q\ \O\ \Q\ \O\ \Q\ \O\ \Q\ \O\ \Q\ \Q	<u>93</u> .	
This amendment is submitted to amend the following	g:	
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 a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	·
B. If amending the registered agent and/or regist agent and/or the new registered office address her	ered office address on our records, enter the nar	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	= -
		÷ 2
_	, Florida,	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 Registored 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	Mayorie La Painte	AUCH PARK 1 33525	<b>=</b> Add
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fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be protect. If the date inserted in this block does not meet the approximent's effective date on the Department of State's record	slicable statutory III	more than 90 days	ptional) ofter filing, this date	) Pursuant to will not be	605.0207 listed as
record specifies a delayed effective date, but not an effectiv I is filed.	e time, at 12:01 a.n	n, on the earlier o	f: (b) Th	e 90th day t	after the
ated 6-3 2021	·				
Signature of a member or a	uthorized conceentat	ve of a member	· <del>-</del> -	-	-