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## COVER LETTER.

SUBJECT: Blessings From Above Cleaning 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:	
Lathryn Tane to hisai	
Blessings From Above Cleaning LLC	
4305 April lane	
Customer Service @ blessings from above clear  E-mail address: to be used for future annual report notification?	Ln in
For further information concerning this matter, please call:	
Kathryn Tare Tohnson at (321), 305-1620 Cell Name of Person  Name of Person  Name of Person	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

#### Mailing Address:

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

#### Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blessings From (Name of the Limited Liability Company (A Florida Limited Lia	Above Cleaning Lic
(Name of the Limited Liability Company (A Florida Limited Lia	r as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w  Florida document number	vere filed on 5/19/22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	
The new name must be distinguishable and contain the words "Limited Liability	y 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)	4530 Capron Rd titusville, Fl 32780-7261
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4530 Capon Rd Titusville, Fl 32780-726
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	530 Capron Rd Enter Florida street address
	15 Ville Florida 32780 - 726 1

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 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

Type of Action Address Title MER Kathrynt, Johnson 4530 Capron Rd Tradd \_\_\_\_ □Remove \_\_ □Change \_\_\_\_\_ DRemove \_\_\_\_\_ □Remove \_\_\_\_ Change □Remove \_\_\_\_\_ □ Add □ Пепюче \_\_\_\_\_ Change

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