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COVER LETTER

TO: Registration Section **Division of Corporations**

PELICAN SUBJECT:	N LAGOON ENTERPRISES, L	LC			
<u></u>	Name of Lin	nited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	JAMES GUEST				
		Name of Person			
	GUEST, PEAVY, GUEST	Γ CPA'S P.A.			
	Firm/Company				
	759 SW FEDERAL HWY STE.103				
	Address				
	STUART, FL 34994				
	JGUEST@GPCPA.COM	City/State and Zip Code			
		to be used for future annual repo	ort notification)		
for further information	concerning this matter, please e	all:			
JAMES GUEST		772 286-90 at ()			
Name	of Person	Area Code I	Daytime Telephone Number		
inclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Stat Certified Copy tadditional copy is end	us &	

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

(Name of the Limite	d Liability Comp A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number 1.07000127938	ability Company	y were filed on 12/28/2007		and assigned
his amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited lial	bility company here:		
GOD BLESS ALL, LLC				
he new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the designation	"LLC" or the abbrevia	ition "L.L.C."
Enter new principal offices address, if applica	ble:	N/A		
<u>Principal office address MUST BE A STREET</u>	(ADDRESS)			2024 SEP
Inter new mailing address, if applicable:		N/A	##: P.1	· · ·
Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>		· ·	
 If amending the registered agent and/or re gent and/or the new registered office address 		address on our records, g	enter the name of t	he new regi
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street o	address	
			. Florida	

New Registered Agent's Signature, if changing Registered Agent:

PELICAN LAGOON ENTERPRISES LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
N/A	N/A	N/A	□ Add
			□Remove
			Change
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□ Change

N/ <i>i</i>	\
f an effecti <u>Note:</u> If t	date, if other than the date of filing:
record sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	8/16/2024
	WA De
	Signature of a member or authorized representative of a member