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D. BRUCE

DEC 2 4 2009

EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co				
SUBJE	CT:	Blessing Insur	sing Insurance Associates LLC		
		Name of Lim	ted Liability Company		
The end	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please 1	return all corresp	ondence concerning this matter	r to the following:		
			Kelly P Blessing		
			Name of Person		
		Blessing	Insurance Management LLC		
			Firm/Company		
		720	00 Ridge Road, Suite #7		
			Address	——————————————————————————————————————	
		D	ort Richey, FL 34668	09 C	
			City/State and Zip Code		
		Kphlessin	ng @ gmail. COM	EC 23 PM ETARY OF HASSEE, FL	
		E-mail address: (to be used for future annual report notifica	tion)	
For furt	ther information	concerning this matter, please of	call:	OF STATE FLORIDA	
	Ke	elly P Blessing	at (727) 84	45-1141 PM 6	
		of Person	Area Code & Daytime T	elephone Number	
		the following amount:			
₹ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blessing Insurance	ce Associates	LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	03/12/2009	and assigned
Florida document numberL0900024238			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
Blessing Insurance	Management, L	LC	
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	(same)	•	7
(Principal office address MUST BE A STREET ADDRESS)			7.7. 09.0
			ATT OF THE
		į	SSET 23
Enter new mailing address, if applicable:	(same)	•	2 m
(Mailing address MAY BE A POST OFFICE BOX)		Ś	S B D
			00
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent: (same)		- 10° -	
New Registered Office Address:			
	E:	nter Florida street add	ress
		, 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 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 Title Name **Address** Type of Action MGRM Kelly P Blessing 7200 Ridge Road, Suite 7-B ☐ Add Port Richey, FL 34668 Remove Benjie Blessing MGRM 7200 Ridge Road, Suite #7 ✓ Add Port Richey FL 34668 Remove ☐ Add Remove Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The original Suite #7-B is amended/updated to Suite #7 effective immediately. 2009 ecember. Signature of a member or authorized representative of

Typed or printed name of signee

Page 2 of 2

Benjie Blessing

Kelly P. Blessing

Filing Fee: \$25.00