

L13000130410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

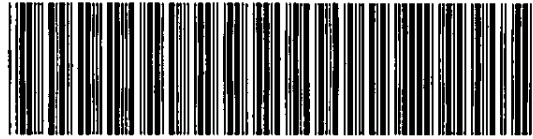
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TOLSON ASST. ATTORNEY GENERAL
U.S. DEPARTMENT OF JUSTICE

MAR 14 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3 Blessings 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:

Albert J. Deleone

Name of Person

3 Blessings

Firm/Company

910 Luminary Circle Unit 104

Address

Melbourne, Florida 32901

City/State and Zip Code

adeleone58@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert J. Deleone

Name of Person

at 954 815-3671

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

3 Blessings LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/13/2013 and assigned
Florida document number L13000130410.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Not Applicable

The new name must be distinguishable and end with the words "Limited Liability 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)

910 Luminary Circle Unit #104

Melbourne, Florida 32901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same As Above

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JACKSONVILLE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Albert J. Deleone

New Registered Office Address:

910 Luminary Circle Unit #104

Enter Florida street address

Melbourne

City

Florida 32901

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Albert J. Deleone	910 Luminary Circle Unit # 104 Melbourne, Florida 32901	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I the undersigned Ingrid H. Freeman declare to have
the desire to add a new registered member to the already in file
3 Blessings LLC (effective immediately).

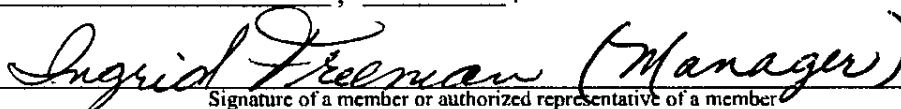
The name of the new Registered Member to be added to 3 Blessings LLC is

Albert J. Deleone, please proceed and confirm by e-mail and US Postal Service.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 10th, 2014


Signature of a member or authorized representative of a member

Ingrid H. Freeman

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA