

05/01/2032 05:33

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#6642 P.001/005

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE INC  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
AMOR BLESSED SWEET HOME LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ATT: Justin

RECEIVED

14 JUN 20 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECOND REQUEST

05/01/2032 05:33

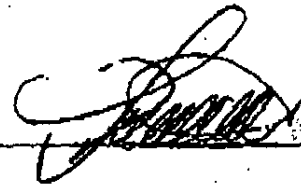
Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that we the owners of AMOR BLESSED SWEET HOME INC of Doc # P10000052906 have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

A handwritten signature in dark ink, appearing to be "D. P. [unclear]", written over a horizontal line.

14 JUN 20 PM 3:55  
ALLAMASSEE FLORIDA

044600

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

AMOR BLESSED SWEET HOME LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

220 N.W. 179 ST  
miami Gardens, FL 33169

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

SILVIA BELLVER  
220 NW 179 ST  
miami Gardens, FL 33169

**ARTICLE IV-**

The name and title of each person authorized to manage and control the Limited Liability Company:

SILVIA BELLVER (MGRM)  
220 NW 179 ST  
miami Gardens FL 33169

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2014-06-12 13:40

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**Required Signatures:**

X *Silvia Bellver*

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ⓧ *Silvia Bellver*

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..

X *Silvia Bellver*

Registered Agent's Signature (REQUIRED)

14 JUN 20 PM 3:56  
TALLAHASSEE, FLORIDA

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