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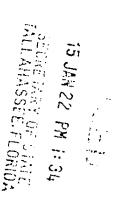
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COVER LETTER

TO: Registration Secti- Division of Corpo			
SUBJECT: BLESSED	BARN, LLC		
SUBJECT.	Name of Limite	ed Liability Company	
	nendment and fee(s) are submence concerning this matter to	_	
	LESLIE M. SCRIBAN	I	
		Name of Person	
	CTC MANAGEMENT	SERVICES, LLC	
		Firm/Company	
	220 ALHAMBRA CIR	CLE. 11 FLOOR	
		Address	
	CORAL GABLES, FL	. 33134	
	pparra@mercantilctc.c	City/State and Zip Code .	
	•	be used for future annual report	rt notification)
For further information cond	cerning this matter, please cal	l:	
Leslie Scribani		305 4415	561
Name of Pe	erson	Area Code D	aytime Telephone Number
Enclosed is a check for the f	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLESSED BARN, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L.	y as it now appears on our records.) iability Company)	···
The Articles of Organization for this Limited Liability Company villarida document number <u>L14000134361</u> .	were filed on <u>8/27/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	lity 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	· -	r the name of the new
		55
Name of New Registered Agent:		SE N
New Registered Office Address:	Enter Florida street address , Florida	SECTION TO THE SECTION OF THE SECTIO
New Registered Agent's Signature, if changing Registered Agent:	City	Dim +
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Oi	familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent .

Page 1 of 3

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

Type of Action
Add
Remove
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