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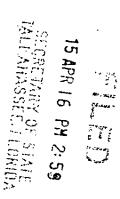
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COVER LETTER

Division of Corporations
SUBJECT: Blessings Abult Assisted Living Home, 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:
chan A. Vecchiore Name of Person
Blessings Adult Assisted Living Home, LLC
17 Bonaventure et.
Rockledge Fl 32955 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (321) 458 -0210 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & \$\square\$ \$55.00 Filing Fee & \$\square\$ \$60.00 Filing Fee, \$\square\$ Certificate of Status & \$\square\$ (additional copy is enclosed) \$\square\$ (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

ed Liability Company as it now appea (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC 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 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: New Registered Office Address: Enter Florida street address Florida City 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

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
	-n		Add
			☐ Remove
			Add
			□ Remove
			Add
			Add
			Remove
			Add
			□ Remove
			Add
	Y		Remove

	ALA	
Effective date, if other tha	ic, cannot be prior to date of receipt or filed date and c	(optional) annot be more than 90 days after
the date this document is filed by	y the Florida Department of State)	
the date this document is filed by Dated Ppri	y the Florida Department of State)	
the date this document is filed by	Signature of a member or authorized represe	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE