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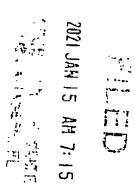
(Re	questor's Name)	
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co			
	Family Marina House, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Leland Brant Blessing		
		Name of Person	
		Firm/Company	
	38357 CR 54 East		
		Address	
	Zephyrhills, FL 33542		
		City/State and Zip Code	
	brant@brantblessing.net		in .
For further information	e-mail address: (to be used for future annual report not all:	lification)
Brant Blessing		813 788-5554	
Name	of Person	Area Code Daytir	ne 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 Addr		Street Address:	ontion
Registration Division of	Section Corporations	Registration Se Division of Co	
P.O. Box 63	-	The Centre of	
Tallahassee.	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION D OF

2021 JAN 15 AM 7: 15

If Changing Registered Agent, Signature of New Registered Agent

Blessing Family Marina House, LLC

(Name of the Limited Liability Company as it now appears on our records.)) 1...
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company w	vere filed	on 03/06/20		and assigned
Florida document number L15000041397	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lir	mited liabil	ity comp	any here:		
Blessing Family Lake Jovita House, LLC					
The new name must be distinguishable and contain the words "Li	imited Liabilit	y Company	," the designa	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	ORESS)				
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or register agent and/or the new registered office address here		idress on	our record	ls, <u>enter the na</u>	ne of the new registered
Name of New Registered Agent:					
New Registered Office Address:					
		En	nter Florida str	reet address	
				, Florida _	Zip Code
		City			Zip Code
New Registered Agent's Signature, if changing Register	red Agent:				
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete p agent as pi ered office a	performat rovided fo	nce of my a or in Chapi	luties, and I am ter 605, F.S. Or	familiar with and ; if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

2021 JAN 15 AM 7: 15

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	2021 JAN 15 AM 7: 15
	STANCE OF THE ST
(If an ei <u>Note:</u>	tive date, if other than the date of filing: Date of Filing (optional) (ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the reco record is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	Signature of a number of a member
	Leland Brant Blessing

Filing Fee: \$25.00

Typed or printed name of signee