110000031782

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SOUTH T PH 4: 46

T GLASS



May 22, 2019

MAGDA A. HERNANDEZ 22375 SW 89 AVENUE CUTLER BAY, FL 33190

SUBJECT: CELERINA'S BLESSINGS A MYSTICAL JOURNEY, LLC

Ref. Number: L16000031782

We have received your document for CELERINA'S BLESSINGS A MYSTICAL JOURNEY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list titles on page 2 of 3

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 919A00010430

RECEIVED

JUH 1 7 2019

COVER LETTER

	gistration Sect vision of Corpo					
o	Celerinas Ble					
SUBJECT:		Name of Limit	ed Liability Company			
The enclose	d Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return	all correspond	dence concerning this matter to	o the following:			
		Magda A. Hernandez				
			Name of Person			
		Celerinas Blessings				
			Firm/Company			
		22375 SW 89 Avenue				
			Address			
		Cutler Bay, Florida 33190				
			City/State and Zip Code		2019	
		celerinasblessings@gmail.co				2
		E-mail address: (t	o be used for future annual report notific	ation)	2019 JUN 17	
For further	information co	ncerning this matter, please ca	11:			BQ5
Magda Her	nandez		786 374-5911 at ()			
_	Name of	Person	Area Code Daytime	Telephone Number	94	
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)	Certified	e of Status &	

MAILING ADDRESS:

TO:

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

Celerina's Blessings		The same record	ds)			
(Name of the Limited	l Liability Company A Florida Limited Lia	as it now appears on our reconbility Company)	<u>us.</u>)			
				an	d assigne	d
The Articles of Organization for this Limited Lia	bility Company w	vere filed on				
Florida document number L16000031782	·					
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabil	ity company here:				
		Company" the designation "L	.C" or the	abbreviati	on "L.L.C.	
The new name must be distinguishable and contain the wo	ords "Limited Liabini	ty Company, the designation is				
Enter new principal offices address, if applica	ıble:					
(Principal office address MUST BE A STREET					 -	
12						
Enter new mailing address, if applicable:			<u> </u>		201	_
	ROX)			<u>;</u>	19	
(Mailing address MAY BE A POST OFFICE	<u> </u>				E_	
					. .	
B. If amending the registered agent and/	or registered Of	fice address on our reco	rds, <u>ent</u>	er the n	ande of	the bev
B. If amending the registered agent and/ registered agent and/or the new registered of	fice address here	<u>2</u> :				C
registered agent and of				- 4	ց ի ։	
Name of New Registered Agent:	Magda A. Hern	andez				
	22375 SW 89 A	Avenue				
New Registered Office Address:	22373 2 11 67 1	Enter Florida street ad	dress			
	Cutler Bay.		Florida	33190		
	Cutter Day.	City	FIULIUA	Zij) 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGL	Magda Serrano	22375 SW 89 Avenue	Add
<u>14-E</u>		Cutler Bay, Fl 33190	Remove
			☐ Change
MGD	Magda A. Hernandez	22375 SW 89 Avenue	= Add
_11/2/1-		Cutler Bay, Fl 33190	□ Remove
			Change
			Add
			Remove
			Z2 □ CBange
			Add ANO CONTRACTOR Remove
	•		Change
			Remove
			Change
			Remove
			Change

If amending any other information, enter change(s) here: (Attach additional)		
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		2
		5
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		<u> </u>
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional)	s 605 0207 i
If an effective date is listed, the date must be specific and cannot be prior to date of filing. Note: If the date inserted in this block does not meet the applicable statutory in the date inserted in this block does not meet the applicable statutory in the date.	or more than 90 days after fifting.) I disdain to filling requirements, this date will not be	listed as t
document's effective date on the Department of State's records.		
	41 12.01 p.m. on the e	arlier of
he record specifies a delayed effective date, but not an effective. The 90th day after the record is filed.	ve time, at 12.01 a.m. on the c	differ of
May 6. 2019		
Dated Nay 0.		
COGO A SONO. W.X	ative of a member	
Signature of a member or authorized represent	auve of a memoer	
Magda A. Hernandez		
Typed or printed name of sign	ee	

Page 3 of 3

Filing Fee: \$25.00