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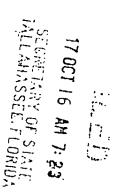
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Blussed Assi	MONOR LL	
The enclosed Articles of Am	sendment and fee(s) are submi	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Quanto	Name of Person	<u></u>
	િક્સ	Accurance LLC Firm/Company	
	4258 Sparling	Hilk Cir Orlando	KL 35808
	alando	City/State and Zip Code	
-	Macub 3003 E-mail address: (to	be used for future annual report notific	cation)
For further information conc	erning this matter, please call	:	
Quanta K. D. Name of Pe	2017800 1000	at (407) 394-53 Area Code Daytime	Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	S30.00 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 exclused)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blossed assurance LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as il now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	were filed on 5/19/2017 and assigned
Florida document number <u>L17000111574</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Blassed Assistant Supportive Sorv The new name mass be distinguishable and contain the words Limsted Liabel	ity Company," the designation "LLC" or the abbreviation "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 of	
registered agent and/or the new registered office address here	Ass.
Name of New Registered Agent:	700
New Registered Office Address:	Entre Double procedutivess
	Florida C
	City 9 70 Cod
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>	Name	Address	Type of Action
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			C Remove
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Filing Fee: \$25.00