(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO:		istration Sec sion of Corp			
, SUBJEC		BLESSED N	N PAINTING LLC		
SODJE			Name of Limi	ited Liability Company	
The encl	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn	all correspon	dence concerning this matter	to the following:	
			NAEEM MCCOMMONS		
			• • • • • • • • • • • • • • • • • • • •	Name of Person	
				Firm/Company	
			600 NW 11TH AVE LOT	16	
	Address				
			CHIEFLAND FLORIDA	32626	
				City/State and Zip Code	
			BLESSEDNPAINTING@		<del></del>
			E-mail address: (1	to be used for future annual report notif	ncation)
For furth	ner in	formation co	ncerning this matter, please ca	all:	
NAEEM	и мс	COMMONS	3	910 98 <b>7233</b> 9	
		Name of	Person	Area Code Daytime	e Telephone Number
Enclose	d is a	check for the	following amount:		
\$25.	.00 F	iling 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)
•			NG ADDRESS:	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLESSED N PAINTING LLC		
(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited L Florida document number L17000257869		12/19/2017 and assigned
his amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability compan	y here:
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	TS
Principal office address MUST BE A STREE	ET ADDRESS)	L CRE
		<b>R A A B B B B B B B B B B</b>
		Y OF SEE, F
Enter new mailing address, if applicable:		<u>∓</u> F
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
		<u> </u>
3. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:	_	s on our records, enter the name of the n
•	600 NW 11TH AVE LOT 10	6
New Registered Office Address:		r Florida street address
	CHIEFLAND	, Florida <u>32626</u>
	City	Zip 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
воок	NIESHA CRAWFORD	7777 NORMANDY BLVD APT 5	
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an effect lote: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 0th day after the record is filed.
ated	April, 14 , 2018
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00