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COVER LETTER

Division of Corporations
SUBJECT: BLIND FAITH CLEANING SERVICES 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:
RATRINA WARREN Name of Person BLINE FAITH CLEANING SERVICES UC Firm/Company 9405 SONYA CIR #3 Address PANAMA CITY BEACH FL 32407 City/State and Zip Code Karring Warren Ogmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KATRINA WARREN at (850) 851-7974 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

MAILING ADDRESS:

Registration Section

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

(Name of the Limited Liability Compa (A Florida Limited)	1 SEKVICE Inv as it now appe	S U	records	<u>.</u>	
The Articles of Organization for this Limited Liability Company Florida document number					and assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :			(1.2) (2.3) (3.5) (3.5) (4.7)
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation	n "LLC"		reviation "L'.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		λ	A	Part State	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			A		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address (<u>e</u> :	on our r	ecords,	, <u>enter t</u>	he name of the nev
Name of New Registered Agent:	1	1 4	1		
New Registered Office Address:	Enter F	lor da stree	i address		
	V		, Flo	rida	7: 0.1
	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 Type of Action Title **Address Name** 9405 Sonya Bir #3 PANAMA CITY BEACH, FL Chekesha Peeler ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove 77 ☐ Change U □ Add} ڊ٢ ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00