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US 10/3/20

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	Bless Home	, LLC				
	Name of Lin	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Ivonne	Rivera				
		Name of Person				
			2020			
		Firm/Company				
	12301 Lax	ne <u>Underhill</u> Surl	te III			
	orland	10 FC 32828	PH 2: 03			
	YVETOY	City/State and Zip Code Calty Obmail C to be used for future annual report position	<u> </u>			
For further information	concerning this matter, please c	·	LEIMILI			
Ivonne	Rivera	at (321) 278 47	<u> </u>			
Name (of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	the following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)			
Mailing Addre		Street Address:				
Registration Division of (Registration Section Division of Corporations				
P.O. Box 631	-	The Centre of Ta				
Tallahassee,	FL 32314		Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bless ho	meLLC	·
(Name of the Limited Liability (A Florida I	Company as it now appears on or Limited Liability Company)	u <u>r records.</u>)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 20005 149402</u>	ompany were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit		2920
Blessed Home Teom The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designat	ion "LLC" or the abbro trainin "lat.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE		18 PH
		2: 03
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
	City	, Florida 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 =	Man	ager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			[]Add
			□Remove
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an effective date is Note: If the date	other than the date of listed, the date must be spe inserted in this block do ive date on the Departm	eine and cannot be es not meet the a	prior to date of to opticable statu	thing or more than 9	0 days after fili	प्रह्म (ज		
	fies a delayed effect after the record is		t not an effe	ective time, at	12:01 a.n	n. on t	he ear	rlier
ated	Signati	ire of a member or	authorized repre	sentative of a mem	ber			
	·		•					
	- <u>-</u>	Timed or	printed name of	signee				

Page 3 of 3

Filing Fee: \$25.00