

L21000076211

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : I20190000020
Phone : (786)953-7449
Fax Number : (786)953-7450

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLESSING LIFE HEALTH CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

MAR 10 2021

11:00:11 AM

RECEIVED
2021 MAR -9 PM 2:10

2021 MAR -9 PM 12:52

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLESSING LIFE HEALTH CENTER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEB. 22, 2021 and assigned Florida document number L21000076211.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

9600 NW 25 CT # 4C

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL. 33172

Enter new mailing address, if applicable:

DORAL FL 33172

(Mailing address MAY BE A POST OFFICE BOX)

DORAL FL 33172

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROXETTE REY

New Registered Office Address:

9600 NW 25 CT # 4C

Enter Florida street address

DORAL

City

Florida 33172

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROXETTE REY	9600 NW 25 CT # 4C	<input checked="" type="checkbox"/> Add
		DORAL FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NEFER COCA	9600 NW 25 CT # 4C	<input checked="" type="checkbox"/> Add
		DORAL FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

STATE OF NEW YORK
DEPARTMENT OF STATE

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E. Effective date, if other than the date of filing: MARCH 9, 2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 9 2021



Signature of a member or authorized representative of a member

ROXETTE REY

Typed or printed name of signee

Filing Fee: \$25.00