## L21000103697

| (Requestor's Name)   |
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| (Address)  |
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| (City/State/Zip/Phone #)                                       |
| PICK-UP WAIT MAIL  |
| (Business Entity Name)   |
| (Document Number)  |
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June 27, 2025

LIFE HIT LLC 5124 TUSCANY LANE DAVENPORT, FL 33897 US

SUBJECT: LIFE HIT LLC Ref. Number: L21000103697

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$0.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You must submit the complete application. Complete and the return the enclosed blank form. Missing 1st page of amendment after the cover letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Mary C Malone Amendment Section

> DEGETVEN JULI 6 2025

Letter Number: 625A00014176



July 18, 2025

LIFE HIT LLC 5124 TUSCANY LANE DAVENPORT, FL 33897 US

SUBJECT: LIFE HIT LLC Ref. Number: L21000103697

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$0.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

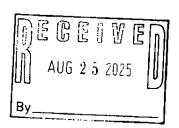
Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L24000123948.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Mary C Malone Amendment Section



Letter Number: 725A00015672

## **COVER LETTER**

| TO:      |             | ation Secti<br>of Corpo |             |                           | ¥            | ÷            | à                  | ý                          | ş ·              | ¥       |         | , .        | ·        |        |
|----------|-------------|-------------------------|-------------|---------------------------|--------------|--------------|--------------------|----------------------------|------------------|---------|---------|------------|----------|--------|
| SUBJE    | Life        | Hit                     | <b>;</b>    | <b>8</b>                  |              |              |                    | ·                          | <i>\$</i> :      |         |         | _ <u>.</u> | £        |        |
|          |             |                         |             | Name o                    | of Limited   | Liability C  | Company            |                            |                  |         |         | -,         | •        |        |
|          |             |                         |             |                           |              |              |                    |                            |                  |         |         |            |          |        |
| The enc  | losed Arti  | icles of An             | nendment a  | ınd fee(s) aı             | re submit    | ted for fili | ing.               |                            |                  |         |         |            |          |        |
| Please r | eturn all c | correspond              | ence conce  | rning this n              | natter to t  | the followi  | ing:               |                            |                  |         |         |            |          |        |
|          |             |                         | Jose Luis   | Rodriguez                 | Cintron      |              |                    |                            |                  |         |         |            |          |        |
|          |             |                         |             | <del>-,</del> -           |              | Name o       | f Person           |                            | . ,              |         |         |            |          |        |
|          |             |                         | LifeHit L   | LC (soon to               | be The I     | Blessing H   | lomes L            | LC)                        |                  |         |         |            |          |        |
|          |             |                         |             |                           |              | Firm/C       | ompany             |                            |                  |         |         |            |          |        |
|          |             |                         | 5124 Tuse   | any Lane                  |              |              |                    |                            |                  |         |         |            |          | 2025   |
|          |             |                         |             |                           | <del>_</del> | Add          | lr <del>es</del> s | **                         |                  |         |         |            |          | S. C.  |
|          |             |                         | Davenpor    | t, FL 33897               | ,            |              |                    |                            |                  |         |         |            |          | S      |
|          |             |                         | lifehit777@ | gmail.com                 |              | City/State a | nd Zip C           | ode                        |                  |         |         |            |          | 유<br>도 |
|          |             | •                       |             | E-mail add                | ress: (to b  | e used for f | future and         | nual rep                   | ort notifi       | cation) |         | -          |          | Ç4:    |
| For furt | her inform  | nation con              | erning this | matter, ple               | ase call:    |              |                    |                            |                  |         |         |            |          |        |
| Tatiana  | Alejandra   | a Vidaurre              | Revollo     |                           |              | 40           | )7                 | 732-9                      | 010              |         |         |            |          |        |
|          |             | Name of Po              | erson       |                           |              | at (<br>Are  | ea Code            | 1                          | Daytime          | Telepho | one Nun | iber       |          |        |
| Enclose  | d is a chec | ck for the i            | following a | mount:                    |              |              |                    |                            |                  |         |         |            |          |        |
| ■ \$25   | .00 Filing  | ; Fee                   |             | Filing Fee & cate of Stat |              |              | Filing Fied Copy   | <i>(</i>                   | xd)              |         | Certif  | icate o    | f Status |        |
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| igned         |
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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 |
|--------------|------------------------------------|--|----------------|
| MGR          | Tatiana Alejandra Vidaurre Revollo | 5124 Tuscany Lane, Davenport, FL 33897 | ■Add           |
|              |                                    |  | □Remove        |
|              |                                    |  | Change         |
| AMBR         | Jose luis Rodriguez Cintron        | 5124 Tuscany Lane, Davenport, FL 33897 | <b>=</b> Add   |
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| fective date, if other than the date of fine effective date is listed, the date must be specificate: If the date inserted in this block does not be current's effective date on the Department | and cannot be prior<br>of meet the applic | to date of filing or rable statutory filin | (option<br>nore than 90 days after fing requirements, this | iling.) Pursuant to 605.020 |
| ecord specifies a delayed effective date, but is filed.  | not an effective ti                       | me, at 12:01 a.m.                          | on the earlier of: (b)                                     | The 90th day after the      |
| ated April 23  | 2025                                      | orized sepresentai                         | ver Light well if w  | y Culton<br>guez Cistro     |
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