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(((H24000359013 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASSURED ACCOUNTING AND TAX SERVICES

Account Number : I20180000048 Phone : (954)793-0353 Fax Number : (954)944-3163

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

Email Address:__

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000359013 3)))

BLESSED HOME & C	OFFICE CLEANING, LLO	C.
(Name of the Limited Liability Comp. (A Florida Limited	nny as it now appears on our record Liability Company)	3.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on04/16/2	2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1720 Buckeye Rd.	
(Principal office address MUST BE A STREET ADDRESS)	Davenport FL 33837	
Enter new mailing address, if applicable:	1720 Buckeye Rd	
Mailing address MAY BE A POST OFFICE BOX)	Davenport FL 33837	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registr
Name of New Registered Agent:		9 3
New Registered Office Address:	1720 Buckeye Rd	
	Davenport	○ (7) \\ 33837 orlda
p = 11 t - 12 t	Chy	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = 1 AMBR =	Manager Authorized Member		(((H24000359013 3)))
<u>Title</u>	Name	Address	Type of Action
MGRM	SORAYA NASCIMENTO FRANCISCO	1720 Buckeye Rd	□Add
		Davenport FL 33837	
			∑ Change
			☐Add
			□Remove
			□Clunge
			UAdd
		·	
			□Chzinge
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effective date is listed, the date must be spece: If the date inserted in this block document's effective date on the Department.	tic and cannot be prior to date of s not meet the applicable state	filing or more than 90 days are	r filing.) Pursuant to 605.0207
cord specifies a delayed effective date, is filed.	ut not an effective time, at 12	::01 a.m. on the earlier of: (h) The 90th day after the
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	scimento Francisco (Oct 25, 2024) e of a member or authorized repr		
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