

21000198516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2023 APR 13 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2023

KRISSIE GLOVER
1406 LEROY COURT, APT 4
APOPKA, FL 32703 US

SUBJECT: GOLDEN BLESSING MANAGEMENT, LLC
Ref. Number: L21000198516

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):

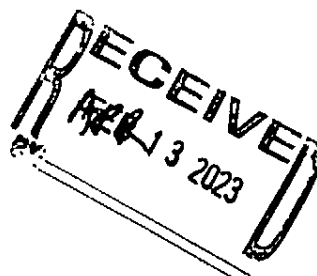
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 523A00003444



www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Golden Blessing Management, 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:

Krissie Glover
Name of Person

Management, LLC ~~Management, LLC~~ Golden Blessing Management, LLC
Firm/Company

927 South Grodyn Ave 218
Address

Orlando, FL 32805
City/State and Zip Code

glover.krissie@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krissie Glover at (407) 758-9838
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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

Golden Blessing Management, 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 04-28-2021 and assigned Florida document number L2100098516.

This amendment is submitted to amend the following:

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

Golden Blessing Hands, LLC

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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1406 Leray Court

Apt 4

Apopka, FL 32703

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1406 Leray Court

Apt 4

Apopka, FL 32703

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:

New Registered Office Address:

1406 Leray Court Apt 4

Enter Florida street address

Apopka

City

Florida

32703

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

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

(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)

Typed or printed name of signee

Filing Fee: \$25.00