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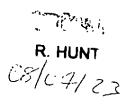
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BIVISION OF CORECTAIN A



COVER LETTER

Division of Co					
Rusticly B	lessed LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	hudu de en			
	ondence concerning this matter	•			
	Heather M Kennedy	Ü			
		Name of Person			
	Rusticly Blessed LLC				
		Firm/Company			
	745 NE 140TH ST				
		Address		~	<u>č</u>
	Citra/FL/32113			2023 AUG	ા શકે
		City/State and Zip Code			- 교실 - 유럽~
	Rusticlyblessed@yahoo.co	tti (to be used for future annual report notificat		-7	S 25
For further information of	concerning this matter, please of		ion)	PM 12: 40	# S1/
Heather M Kennedy		352 895-6786		. L 0	
Name o	of Person		ephone Number		
Enclosed is a check for t	he 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 Statu Certified Copy (additional copy is encl		
Mailing Address Registration	Section	Street Address: Registration Section	n		
Division of C	OFFICEROUS	District Co.			

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

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

Rusticly Blessed LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 05/082021	and assig	gned
Florida document number L21000216196			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
be new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LL ₂ C" or the	abbreviation "L.L.	.c."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		202	<u>₹</u> ,
		AUG	91
		6	- 역 당 -
Enter new mailing address, if applicable:		7	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	Ç.v
			12.
		- 5	: . -
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	ddress on our records, enter the na	me of the new	registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida _		
	City	Zin Coda	

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Thomas L. Kennedy	745 NE 140th ST	□∧ <u>dd</u>
		Çitra F1, 32113	≅Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			2020 PM CORPORATIONS COMPRESENTE LOS DATES Remove Remove
			
			□Remove
		Mark	□Change
			□Add
			□Remove
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			Change

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		<u> </u>			
ective date, if other than the	date of filing: 07	/25/2023		(optional)	
effective date is listed, the date muse: If the date inserted in this bl	t be specific and cann	ot be prior to date	of filing or more than	90 days after filing.) Purs	uant to 605.0
ument's effective date on the D	epartment of State's	s records.	atutory minig requir	ements, this date will i	tot be listed
cord specifies a delayed effectiv s filed.	e date, but not an e	ffective time, at	12:01 a.m. on the e	arlier of: (b) The 90t	h day after t
July 25	20	23			
11-2011	11 1	/10/0/			

Filing Fee: \$25.00

Typed or printed name of signee