

121000266261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

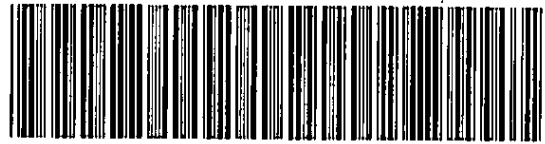
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07/07/21--01005--015 **60.00

21 JUL -6 PM 3:09

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blessed Healthcare Associates 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:

David Abellard

Name of Person

Blessed Healthcare Associates LLC

Firm/Company

4849 Lake Worth Road

Address

Greenacres, Florida 33463

City/State and Zip Code

mfelix091972@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Abellard

561 433-4446

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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**

21 JUL -5 PM 3:09

Blessed Healthcare Associates 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 06/08/2021 and assigned
Florida document number L21000266261.

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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4849 Lake Worth Road

Greenacres, FL 33463

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4849 Lake Worth Road

Greenacres, FL 33463

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:

Denise Manning

New Registered Office Address:

4849 Lake Worth Road

Enter Florida street address

Greenacres

Florida 33463

City

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

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

21 JUL -6 PM 3:09

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nate Enterprise LLC	4849 Lake Worth Road	<input checked="" type="checkbox"/> Add
		Greenacres, FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CAPPARIS Holdings Inc	1615 South Congress Ave	<input checked="" type="checkbox"/> Add
		Ste 103	<input type="checkbox"/> Remove
		Delray Beach, FL 33445	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

21 JUL -6 PM 3:00

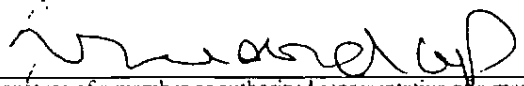
E. Effective date, if other than the date of filing: _____ (optional)

(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 June 29, 2021


Signature of a member or authorized representative of a member

David Abellard

Typed or printed name of signee

Filing Fee: \$25.00