LZ1000381728

(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	: #)		
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Blessed Services and 10 Name of Foreign Limited Liabi	Q1St1CS lity Company			
Dear Sir or Madam:				
The enclosed application, certificate and fee(s) are submitted for	or filing.			
Please return all correspondence concerning this matter to the f	ollowing:			
Princess Garcia. Name of Person				
Firm/Company				
10925 Bridgeton Rd Address				
Port Richey Florida 34008 City/State and Zip Code				
E-mail address: (to be used for future annual report notificat	- Com ion)			
For further information concerning this matter, please call:				
Princess Garcia at 334 Name of Person Area Code	2) 407 000 100 & Daytime Telephone Number			
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			
Enclosed is a check for the following amount:				
□\$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee Certificate of Status Certified C	-			
OBJECT (A. LE)	• •			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chame of the Limited Liability Compa (Name of the Limited Liability Compa (A Florida Limited)	idy as it now appe Liability Company	ars on our records.)	M 7: 27
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100381728</u>	were filed on _	8.25. 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 .	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the nan	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street oddress	
	City	, Florida	Zip Code
	Cuy		z.g/ Coue

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 #1 SE, 16 All 7:27	Type of Action
<u> M6R</u>	Princess Garcia	10925 Bridieton Rd	[\$\forall \text{Add}
		Port Richey Fl 3410108	□Remove
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