1/25/24, 1:35 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000036170 3)))



H240000361703ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I2019000068 Phone : (407)316-8484 Fax Number : (407)604-6519

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

Email Address: contact@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLESSY SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25,00

Electronic Filing Menu Corporate Filing Menu

Help

TO:

Registration Section

From: RUBEM SOUZA

COVER LETTER

Division of Cor	rporations				
	SERVICES LLC				
SUBJECT:	Name of Lin	rited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Rubem Souza				
Name of Person					
	Medeiros Souza corp				
		Firm/Company			
	1711 Amazing Way, Ste 2	13			
	Address				
	Ocuce, FL 34761				
		City/State and Zip Code			
	contact@medeirossouza.co	in to be used for future annual report no	titiestion)		
For further information of	concerning this matter, please c	•			
Rubem Souza		407 326 - 8484			
Name o	f Person	at () Area Code Daytii	me l'elephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>MailingAddres</u> Registration !		<u>StreetAddress:</u> Registration So			
Division of C		Division of Corporations			
P.O. Box 632 Tallahassee. I			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

From: RUBEM SOUZA

BLESSY SERVICES LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it new appears on liability Company)	our records.)
The Articles of Organization for this Limited Li Florida document number L21000426659 This amendment is submitted to amend the following the content of the	ability Company		
A. If amending name, enter the new name of	the limited liab	ility company here:	
· · · · · · · · · · · · · · · · · · ·			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the design	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		TACK THE
(Principal office address MUST BE A STREE	T ADDRESS)		2 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office a <u>s here</u> : <u>MEDEIROS SO</u>	DEZA CORP	SSEE S 29 FA S S SEE S S S SEE S S S S S S S S S S
New Registered Office Address:	1711 Amazing	Way, Ste 213 Enter Floridast	ant oddens
	Ococe	r,mer r tortaasi.	
		City	Florida 34761 Zip Code
New Registered Agent's Signature, if changing B	Registered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this of	er and complete stered agent as p registered office	performance of my oprovided for in Chap	haties, and I am familiar with and er 605, F.S. Or, if this document is
		1	

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

<u>Tițle</u>	<u>Name</u>	Address	Type of Action
AMBR	Souza, Libni G	1711 Amazing Way, Ste 213	□Add
		Ococe, FL 34761-3491	\BRemove
AMBR	Gomes, Cecilia O	1711 Amazing Way, Ste 213	□Add
		Ococc, FL 34761-3491	≅ Remove
AMBR UG	HOPPY HOLDING DAYES AMADELE L.C.	1711 Amazing Way, Ste 213	■Add
		Ococc, FL 34761	□ Remove
			□Change
			□Add
			□Remove
			□Change
			🖸 Add
			□Remove
			Change
			□Add
			Пкетюче
			Change

_	 			
_				
_				
	100			
_				
				<u>. </u>
	· · · · · · · · · · · · · · · · · · ·			·
_				
_				
_				
_		······		
_			···-	
i'un effe <u>Note:</u> I	ve date, if other than the date ctive date is listed, the date must be sp If the date inserted in this block d	pecific and cannot be prior to di loes not meet the applicable	ate of filing or more than 90 days af	stional) der filing.) Pursuant to 605.0207 (his date will not be listed as th
iocume	ent's effective date on the Departi	ment of State's records.		
record d is file	l specifies a delayed effective date ed	e, but not an effective time,	at 12.01 a.m. on the earlier of	(b) The 90th day after the
(Orlando	01/26/2024		
33144	9.1	 ' · '		

Typed or printed name of signee