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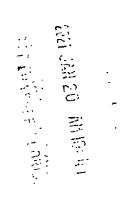
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COVER LETTER

TO: Registration Section

| Division of Co | porations | | |
|--------------------------------|--|---|--|
| | Blessing, L.L.C. | | |
| SUBJECT: | Name of Lin | nited 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: | |
| | James Thomas | | |
| | | Name of Person | , control |
| | | Firm/Company | ode nual report notification) 792-2677 Daytime Telephone Number Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Address: istration Section sion of Corporations Centre of Tallahassee |
| | 512 W. Hudgins Street | | |
| | | Address | |
| | Grapevine, TX 76051 | | |
| | | City/State and Zip Code | |
| | jimthomas01@verizon.net E-mail address: (| to be used for future annual report no | titication) |
| For further information c | oncerning this matter, please c | all: | |
| Levin Bracken | | 850 792-2677 | |
| Name o | f Person | | ne Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| Mailing Addres Registration S | | Street Address: Registration Se | ection |
| Division of C | orporations | Division of Co | rporations |
| P.O. Box 632 Tallahassee, 1 | | | Tallahassee be Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Beachfront Blessing, L.L.C. | | | | |
|--|---|---------------------------------|--|--|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appears on our recornited Liability Company) | <u>(ds.)</u> | | |
| The Articles of Organization for this Limited Liability Com Florida document number 1.21000468049 | pany were filed on October 27, 202 | 1 and assigned | | |
| 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 "1.1. | C" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRES. | <u></u> | | | |
| Enter new mailing address, if applicable: | 512 W. Hudgins Street | 282 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Grapevine, TX 76051 | 1 N | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | fice address on our records, <u>ente</u> | r the name of the new registere | | |
| Name of New Registered Agent: | <u> </u> | | | |
| New Registered Office Address: | Enter Florida street addre | 258 | | |
| | Florida | | | |
| | City | lorida <u>Zip Code</u> | | |
| New Registered Agent's Signature, if changing Registered Ag | <u>gent:</u> | | | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp | | | | |

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 rezioved from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-----------------------|----------------|
| MGR | Keith Chatham | 4413 Bowman Drive | = Add |
| | | Colleyville, TX 76034 | □Remove |
| | | | Change |
| AMBR | Shannon Chatham | 4413 Bowman Drive | |
| | | Colieyvitle, TX 76034 | □Remove |
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| ective date, if other i effective date is listed, the | | f filing: | | ling or more than 90 | _ (optional |) 1) Durena | nt to 605 021 |
| te: If the date inserted | in this block doe | s not meet the | applicable statute | | | | |
| cument's effective date | on the Departme | nt of State's re | coras. | | | | |
| cord specifies a delaye | ed effective date. I | out not an effec | tive time at 12:0 | ll a m_on the earl | ier of (b) T | he 90th d | lay after th |
| s filed. | | an office | arro milot at 12. | or the chira | (b) 1 | ne zom e | my tirter tir |
| December 21 | | 2021 | | | | | |
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