## L22000000531

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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## **COVER LETTER**

| TO:      | Registration<br>Division of C |                                       |                                       |   |                     |
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| SOBOL    | CI                            | · · · · · · · · · · · · · · · · · · · | Name of Limi                          | ited Liability Company  |                     |
|          |                               |                                       |                                       |   |                     |
| The enc  | losed Articles                | of Amendme                            | nt and fee(s) are sub                 | mitted for filing.  |                     |
| Please r | eturn all corres              | pondence coi                          | ncerning this matter                  | to the following:   |                     |
|          |                               |                                       | <b>6</b> \                            | .\  |                     |
|          |                               |                                       | 240                                   | Name of Person  |                     |
|          |                               |                                       |                                       |   |                     |
|          |                               |                                       |                                       | Firm/Company  |                     |
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|          |                               |                                       | 6838 M                                | Address   |                     |
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|          |                               |                                       | blened 5                              | white and another to be used for future annual report not           |                     |
|          |                               | <del></del>                           | E-mail address: (1                    | to be used for future annual report not                             | (fication)          |
| For furt | her information               | n concerning                          | this matter, please ca                | all:  |                     |
| دع       | 2/11/2                        | Russ                                  | • 7                                   | at (812.) 506-  | 9111                |
|          | Name                          | of Person                             | 4.1                                   | Area Code Daytin  | ne Telephone Number |
|          |                               |                                       |                                       |   |                     |
| Enclose  | d is a check for              | r the followin                        | g amount:                             |   |                     |
| □ \$25   | 5.00 Filing Fee               |                                       | 00 Filing Fee &<br>tiffcate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) |                     |
|          | Mailing Add                   |                                       |                                       | <u>Street Address:</u><br>Registration Sc                           | ection              |

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

| Blesseds Ship Tru   | CLC  |                         |
|---|--|-------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | iability Company)                              |                         |
| The Articles of Organization for this Limited Liability Company   | were filed on 12-22-2021                       | and assigned            |
| Florida document number <u>Lzzooooo 331</u>   |  |                         |
| This amendment is submitted to amend the following:   |  |                         |
| A. If amending name, enter the new name of the limited liab   | ility company here:                            |                         |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity Company." the designation "LLC" or the ab | obreviation "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 a agent and/or the new registered office address here: | address on our records, enter the nam          | e of the new registered |
| Name of New Registered Agent:   |  |                         |
| New Registered Office Address:  | Enter Florida street address<br>, Florida      | 2022                    |
|   | , Florida                                      | Zip Code                |
| New Registered Agent's Signature, if changing Registered Agent:   |  | $\frac{1}{c_0}$         |

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 decument 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 |
|--------------|----------------|---|----------------|
| MGR          | Shella Ramirec | 6838 Monarch Park D.                        | ≸Add           |
|              |                | 6838 Monarch Park D.  Apollo Beach Fl 33572 | □Remove        |
|              |                |   | □Change        |
|              |                |   | □Add           |
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| _      | I would                            | like               | to          | 7997              | the.      | EIN          | Our          | ber 1       | ELN         | <u> 87-4</u> | 202         | 3.04          |      |
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| effe   | ective date is listed              | i, the date m      | iust be spe | eific and         | cannot be | e prior to d | ate of filin | g or more   | than 90 d   | ays after f  | iling.) Pur | suant to 605. | 020  |
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| s file |                                    | iyeu eneci         | ive date,   | our not a         | all Cites | ave mae,     | at 12.01     | a.m. on t   | ne carn     | .1 01. (0)   | THE 70      | in day anter  | 1115 |
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| eđ     | Januari                            | . 14               |             |                   | 3 (3)     | i ~1         |              |             |             |              |             |               |      |
| _      | January                            | <del>) ' ' '</del> |             | ·                 |           | <u></u>      |              |             |             |              |             |               |      |
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Filing Fee: \$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liabi  | lity Company as it now appears on our records.) da Limited Liability Company) | <u> </u>                 |
|---|---|--------------------------|
| The Articles of Organization for this Limited Liability   | Company were filed on 12-22-20721   | and assigned             |
| Florida document number <u>Lzzoococc 331</u>  | ·   |                          |
| This amendment is submitted to amend the following:   |   |                          |
| A. If amending name, enter the new name of the lin  | nited liability company here:   |                          |
| The new name must be distinguishable and contain the words "Lin   | mited Liability 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 ADD  | RESS)   |                          |
|   |   |                          |
| Enter new mailing address, if applicable:   |   |                          |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                          |
|   |   |                          |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter the nan</u>                        | ne of the new registered |
| Name of New Registered Agent:   |   |                          |
| New Registered Office Address:  |   | <u> </u>                 |
|   | Enter Florida street address  | 8:                       |
|   | Florida   | 77 55                    |
|   | 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 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> | Name           | Address               | Type of Action |
|--------------|----------------|-----------------------|----------------|
| MGR          | Shella Ramiere | 6538 Morarch Park D.  | ≅r∨qq          |
|              |                | Apollo Beach Fl 33572 | □Remove        |
|              |                |                       | □Change        |
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|        | I would like to   | add the                                 | EININ              | mbir          | EIN         | <u>47-420</u>       | 2304              |      |
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| n eff  | ive date, if other than the c<br>ective date is listed, the date must | be specific and cannot b                | e prior to date of | filing or mor | e than 90 a | days after filing." | Pursuant to 605.0 | 0207 |
| te:    | If the date inserted in this block                                    | ck does not meet the                    | applicable statu   | tory filing   | requirem    | ents, this date     | will not be liste | d as |
| cum    | ent's effective date on the Dep                                       | sartment of State's re                  | corus.             |               |             |                     |                   |      |
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|        | <u></u>   | Shaila Roy<br>Typedo                    | -11-5 <u>-</u>     | <del>,</del>  |             |                     |                   |      |

Filing Fee: \$25.00