

127000044308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

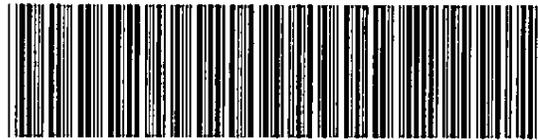
(Business Entity Name)

(Document Number)

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03/30/22--01010--015 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 MAY 10 PM 3:28

T. MATTHEWS  
MAY 23 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

April 12, 2022

2022 MAY 10 PM 12:08

VERONICA WILLIAMS  
1901 RUDDEN DR  
VALRICO, FL 33594

SECRETARY OF STATE  
TALLAHASSEE, FL

SUBJECT: R&R BLESSINGS & SERVICES LLC  
Ref. Number: L22000044308

We have received your document for R&R BLESSINGS & SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's name on the amendment form must reflect as shown our records.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 922A00008503

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R & R Blessings and Services 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:

Veronica Williams  
Name of Person

\_\_\_\_\_  
Firm/Company

1901 Rudder Dr.  
Address

Valrico Fl. 33594  
City/State and Zip Code

rblessingsandservicesinc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Williams at (\_\_\_\_\_) 813-525-0543  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$30.00 Filing Fee & Certificate of Status       \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 MAY 10 PM 3:28

(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 01/25/2022 and assigned Florida document number L220000044308.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Zhbenian S. Pugh

New Registered Office Address:

1901 Rudder Dr.

Enter Florida street address

Valrico

City

Florida

FL 33594

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ZHBERIAN PUGH	2234 FLOURSHIRE DR	<input checked="" type="checkbox"/> Add
		BRANDON FL 33511	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SARITA PUGH	1901 RUDDER DR	<input checked="" type="checkbox"/> Add
		VALRICO FL 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZACHERY BENTLEY	1901 RUDDER DR	<input checked="" type="checkbox"/> Add
		VALRICO FL 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

