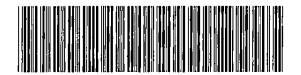
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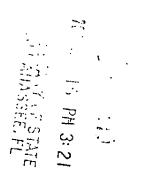
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PICK-UP	☐ WAIT	MAIL
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Office Use Only



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## **COVER LETTER**

·TO:

Registration Section
Division of Corporations

The Five	Blessings LLC				
30 <b>b</b> 36c1	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	Rima Barakat				
		Name of Person			
		Firm/Company			
	7423 royal Crescent Court			3F.	
		Address		•	
	Port Richey,Fl 34668		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 ۲۱	
		City/State and Zip Code	(7) (4) (7) (4) (7)	PH	
	rimabarakat5@gmail.com			PH 3: 2	٠
For further information	concerning this matter, please or	to be used for future annual report not	ification)	10	
Rima barakat	concerning this matter, prease co	386 898-1030			
		at ()			
Name	of Person	Area Code Daytin	ne 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)	S60.00 Filin Certificate Certified C	of Stati lopy	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 227	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations	0	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Five Blessings LLC					
(Name of the Limit	ed Linbility Compar (A Florida Limited L	ny as it now appears on our reco Liability Company)	rds.)		
The Articles of Organization for this Limited Life Included Life Include	ability Company	were filed on	and assigned		
his amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	f the limited liabi	lity company here:			
Rima Barakat LLC					
he new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LI	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	7423 Royal Crescent Court				
Principal office address MUST BE A STREET ADDRES		Port Richey, FL 34668	7%3 1173 2		
			<u>.</u>		
Enter new mailing address, if applicable:		P O Box 1391	AHASS		
(Mailing address MAY BE A POST OFFICE BOX)		Port Richey, FL 34673	TO TO		
	<del></del>		: 2 <u>:</u>		
3. If amending the registered agent and/or rigent and/or the new registered office address		nddress on our records, <u>ent</u> s	er the name of the new regist		
Name of New Registered Agent:					
New Registered Office Address:	7423 Royal Crescent Court				
	Port Richey,	Enter Florida street addi	3.4668		
		City	Florida 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

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7/5/ ed	/2024 			,	· ·					
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	<del></del>	1/2	A Car Signature of a	member or a	uthorized re	presentative o	f a member	r	<del>-</del>	<del></del>
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