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SECRETARY OF STATE
TALLAHASSEE, FL

) SIMMONS APR 2 6 2022

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Blessed Hands Mobile Labs,	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:	
Sandra L. Edison Name of Person	
Blessed Hands Mobile Labs	
Firm/Company	
2719 E. Main St	
Address	
MIMS, FL 32754 City/State and Zip Code	
City/State and Zip Code	1
Edisphsan 770 @ gmail. Com E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please call:	
Sandra L. Edison 470, 562-	6242
	e Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scriffied Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Se	ction

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

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SECRETARY OF STATE TALLAHASSEE, FL

Blessed Hands Mobile Labs, LLC.

ame of the Limited Liability Company as it now appears on our records

The Articles of Organization for this Limited Lia	bility Company were filed on $03/21/22$ and assigned
Florida document number 22000 13 7	<u>000</u>
This amendment is submitted to amend the follow	
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	'ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	Sandra L. Edison
New Registered Office Address:	2719 E. Main Street
	Enter Florida street address MiM 5 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

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	Armani Palmer	# 1857 S. Kirkman	A Ve Wadd
		+ 1016	□Remove
		Orlando, FL 32811	[] Change
MEIR	Darrick Edison	Orlando, FL 32811 2665 Myrtle Ave	□Add
		Mims, FL 32754	DRemove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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If an effective Note: If the	ate, if other than the date is listed, the date mu- date inscrted in this b effective date on the D	st be specific and lock does not r	d cannot be prior to neet the applica	o date of thing or	nore man 90 day	sanci ining.) ruis	suant to 605.0207 (not be listed as t
e record spec rd is filed.	cifies a delayed effectiv	e date, but no	t an effective tir	ne, at 12:01 a.m	on the earlier	of: (b) The 90t	th day after the
Dated <u>A</u>	Sandu	Signature of a	2027	SON rized representative	e of a member	•	_
	Sandro	-	1 s	no ea representati	i vi u member		

• • •

Filing Fee: \$25.00