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STANCTURY OF STATE

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COVER LETTER

	istration Se ision of Cor				
CHREST		AND LAND CARE, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter	_		
		SANTOS I. ECHEVARRI	A		
			Name of Person		
		BLESS HAND AND CAR	RE, LLC		
			Firm/Company		
		20 S Rose Ave Suite 4			
			Address	· 	
		KISSIMMEE, FL. 34741			
			City/State and Zip Code		
		s.i.echevarria@hotmail.con E-mail address: (to be used for future annual report n	otification)	
For further in	iformation c	oncerning this matter, please co	all:		
SANTOSTE	ECHEVARE	RIA	787 601-3278		
Name of Person		at () Area Code Day	time Telephone Number		
Enclosed is a	check for th	ne following amount:			
≡ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed	
	iling Addres		Street Address:		
	gistration S vision of C	Section Corporations	Registration Section Division of Corporations		
). Box 632	=	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLESS HAND LAND CARE, LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{2}$.	2/28/2022 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
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)	202
	2024 DE F
Enter new mailing address, if applicable:	2 2 N
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
3. If amending the registered agent and/or registered office address on our segent and/or the new registered office address here:	records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	orida street address
(жие) ТТС	
	, 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 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	EFRAIN MARIERA	2817 THERESA DR	■Add
		KISSIMMEE, FL. 34744	□Remove
			□Change
			□Add
			☐ Remove
			□Change
			□Add
			□Remove
			□Change
		_	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

				
				
	•			
	•			
				
				
				11/4
ective date, if other than the da n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Depa	does not meet the appl	ior to date of filing or n licable statutory filir	(optionore than 90 days after ag requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed a
cord specifies a delayed effective da s filed.	te, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
	2024			
NOVEMBER 13				
NOVEMBER 13	· · · · · · · · · · · · · · · · · · ·	·		



FILING SUCCESSFUL - Beneficial Ownership Information Report (BOIR) Status

Submission Information	
Status	FILING SUCCESSFUL
BOIRID	50000007312891
Submission Tracking ID	BOIRY5MeC3I45cQAp1JM
Received Timestamp (UTC)	2024-11-13T18:18:47Z
Reporting Company FinCEN ID	

Submitter Information		
	First name SANTOS I	_
	Last name ECHEVARRIA TORRES	- 1
	E-mail address BLESSHANDLANDCARELLC@GMAIL.COM	1

Validation Information	
Code	Description
	No validation errors

#50000007312891 - Beneficial Ownership Information Report (BOIR) Transcript

Filing Information				
Type of filing	Initial report			
Date prepared (assigned upon finalization)	11/13/2024	- ·	· 	

Reporting Company Information	Back to top
Request to receive FinCEN Identifier (FinCEN ID)	
Foreign pooled investment vehicle	
Reporting Company legal name	BLESS HAND LAND CARE, LLC
Alternate name (e.g. trade name, DBA)	
Tax Identification type	EIN
Tax Identification number	923191941
Country/Jurisdiction (if foreign tax ID only)	
Country/Jurisdiction of formation	United States
State of formation	Florida
Tribal jurisdiction of formation	
Name of the other Tribe	
State of first registration	
Tribal jurisdiction of first registration	
Name of the other Tribe	i Na salah
Address (number, street, and apt. or suite no.)	20 S Rose Ave Suite 4
City	Kissimmee
U.S. or U.S. Territory	United States
State	Florida
ZIP Code	34744
Existing Reporting Company	

#50000007312891 - Beneficial Ownership Information Report (BOIR) Transcript

FinCEN ID Individual's last name	
First name SANTOS Middle name I Suffix Date of birth 03/24/1967 Address type Residential address Address (number, street, and apt. or suite no.) 20 S Rose Ave Suite 4 City KISSIMMEE Country/Jurisdiction United States State Florida ZIP/Foreign postal code 34744 Identifying document type State-issued driver's license	
Middle name Suffix Date of birth 03/24/1967 Address type Residential address Address (number, street, and apt. or suite no.) 20 S Rose Ave Suite 4 City KISSIMMEE Country/Jurisdiction United States State Florida 34744 Identifying document type State-issued driver's license	
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State Florida ZIP/Foreign postal code 34744 Identifying document type State-issued driver's license	
ZIP/Foreign postal code 34744 Identifying document type State-issued driver's license	
Identifying document type State-issued driver's license	
Identifying document number F216789671040	
dentifying document named (2220103012010	, ,
Country/Jurisdiction United States	
State Florida	
Local/tribal	
Other local/Tribal description	
Identifying document image SANTOS ECHEVARRIA DL.jpg	

#50000007312891 - Beneficial Ownership Information Report (BOIR) Transcript

Beneficial Owner Information	Back to top
Parent/Guardian information instead of minor child	
FinCEN ID	
Exempt entity	
Individuals's last name or entity's legal name	ECHEVARRIA TORRES
First name	SANTOS
Middle name	
Suffix	
Date of birth	03/24/1967
Address (number, street, and apt. or suite no.)	20 S Rose Ave Suite 4
City	KISSIMMEE
Country/Jurisdiction	United States
State	Florida
ZIP/Foreign postal code	34744
Identifying document type	State-issued driver's license
Identifying document number	E216789671040
Country/Jurisdiction	United States
State	Florida
Local/tribal	
Other local/Tribal description	·
Identifying document image	SANTOS ECHEVARRIA DL.jpg