## L23000086029

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

CHIED FED COOP	amily Solutions, LLC		
30bJEC1:	Name of Lin	nited Liability Company	
	f Amendment and fec(s) are sul ondence concerning this matter	•	
	Tina T Keyes		
		Name of Person	<del></del>
	Blended Family Solutions	, LLC	
		Firm/Company	
	1809 E Broadway St #207	1	
		Address	<u> </u>
	Oviedo, FL		
		City/State and Zip Code	<del></del> · : : : : : : : : : : : : : : : : : : :
	tina@blendedfamilysolutio	ns.com	1
	E-mail address:	(to be used for future annual report notification)	77
For further information of	concerning this matter, please o	all:	<u> </u>
Tina T Keyes		216 789-4449 at ()	22
Name o	of Person	Area Code Daytime Telephone N	umber
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Forporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blended Family Solutions, LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)			
The Articles of Organization for this Limited Liability Comparing Florida document number 1.23000086029	ny were filed on 02/16/2023	ar	nd assign	ned
This amendment is submitted to amend the following:				
•	shility someony home			
A. If amending name, enter the new name of the limited list	ability company nere:			
The new name must be distinguishable and contain the words "Limited Lis	bility Company," the designation "LLC" or t	he abbreviati	O. I.I" no	3."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		•	2112	
2 - William Wi		<u> </u>		
	<del></del>	<del></del> _		;
				** 1
Enter new mailing address, if applicable:			:	
•		-	=======================================	<del></del> ,
(Mailing address MAY BE A POST OFFICE BOX)	···	<del></del>		,
		:	 No	
		[·:	2	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the	name of th	e new r	egistere
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:			<u>-</u>	
	Enter Florida street address			
	Florida	a		
<del></del>	City		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
President	Tina T Keyes	1809 E Broadway St #207		_≣Add
		Oviedo, FL 32765		_ □Remove
			** .	_ □Change
		<del></del>		_ □Add
				_ □Remove
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 lote:  If the date inserted in this block does not meet the applicable statutory filing requiremocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear is filed.	lier of: (b) The 90th day	y after the
April 11th 2023		202
ated "F" Tall		
ated	•	$\equiv$
ated April 11th	· · · · · · · · · · · · · · · · · · ·	
Signature of a member or authorized representative of a memb	)er	7/1 Say 6202
aned		MPR II7 PH

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