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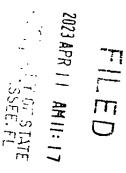
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5/31/23 VW





## \*\*\*IMPORTANT NOTICE \*\*\*

# PLEASE SEND ALL DOCUMENTS – APPROVED OR REJECTED TO THE ADDRESS BELOW.

### INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Tuesday, April 04, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment

For: TRULY BLESSED AND HUMBLE, LLC.

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

### Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

#### **COVER LETTER**

то:	Registration Se Division of Cor				
SUBJ	ect: <u>Truly e</u>	BLESSED AND HUMBL Name of Lim	E. LLC. ited Liability Company		
The ea	iclosed Articles of	Amendment and fee(s) are sub	muted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Corpor	ate Maintenance Lea	ad	
			Name of Person		
		Proc	essing Department		
Firm Company					
	1450 Vassar St				
			Reno, NV 89502		
			City State and Zip Code		
		E-mail address; (	to be used for fature annual report notif	ication)	
For fu	rther information c	oncerning this matter, please c			
	Process	ing Department	<sub>at (</sub> 800 <sub>)</sub> 638-2320_		
		f Person		Telephone Number	
Enclo	sed is a check for th	ne following amount:			
Ø \$3	25 00 Filing Fee	S30.00 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)	
	MAII	ING ADDRESS:	STREET/COURT	FR ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### TRULY BLESSED AND HUMBLE, LLC. (Name of the Limited Liability Company as it now appears on our records.)

(A T10	mua Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L23000106472</u>	y Company were filed on <u>02/28</u>	and assigned
This amendment is submitted to amend the following	c:	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	023
	gistered office address on ou iddress here:	
	mendment is submitted to amend the following:  mendment is submitted to amend the following:  mendment is submitted to amend the following:  mending name, enter the new name of the limited liability company here:  man must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  new principal offices address, if applicable:  ipal office address MUST BE A STREET ADDRESS)  inew mailing address, if applicable:  inguidadress MAY BE A POST OFFICE BOX)  amending the registered agent and/or registered office address on our records, enter the name of the new red agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City  Zip Code  egistered Agent's Signature, if changing Registered Agent:  by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the florid address of my position as registered agent and spreye to act in this capacity. I further agree to comply with the florid address of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is the do to merely reflect a change in the registered office address. I hereby confirm that the limited liability	
<u></u>		Florida
	·	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:	
provisions of all statutes relative to the proper an accept the obligations of my position as registered	d complete performance of my Lagent as provided for in Chap tered office address. Thereby co	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	Diamond Parish	2849 Sw 8Th St	Add
		Fort Lauderdale, FL 33312	
			Change
MGR_	Diamond Parrish	2849 Sw 8Th St	
		Fort Lauderdale, FL 33312	☐ Remove
			☐ Change
			□ Add
		<del></del>	Remove
			□ Change
			□ Remove
			☐ Change
		<del></del>	
			☐ Remove
			Change
		<del></del>	Remove
			☐ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: N/A (optional) lective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	tord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	7 Diamond Parrish
	Signature of a member or authorized representative of a member
	- Diamond Parrish  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00