

L23000121039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

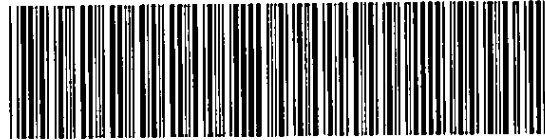
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800409738958

FILED
2023 JUN -2 PM 12:50
TALLAHASSEE, FL

RECEIVED
2023 JUN -2 AM 8:45
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 1202100000160 : \$25.00

Authorization Signature *Janet Sub*
A Full Bless General Services LLC L23000121039
BUSINESS DOC#

___ **Certified Copy of Articles**
___ **Certificate of Status**

NEW FILINGS

___ Profit Corp
___ Not for Profit
___ Officer/Director
___ Limited Liability
___ Domestication
___ Other
___ **CORP**
___ **LLLP**

AMENDMENTS

___X___ Amendment
___ Resignation of R.A. or member
___ Dissolution
___ Change of Registered Agent
___ Revocation of Dissolution
___ Merger
___ **Conversion**
___ **Amended and restated Articles**
___ **Statement of Authority**

OTHER FILINGS

___ **Trademark**
___ Annual Report
___ Fictitious Name
___ APOSTILLE
 Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement
 Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Full Bless General Services, 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:

Eliezer Goncalves

Name of Person

Eliezer Goncalves

Firm/Company

2454 Sweetwater Club Cir, 31

Address

Kissimmee - Florida - 34746

City/State and Zip Code

FULLBLESSSERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eliezer Goncalves

Name of Person

at (689) 230 28 66

Area Code

Daytime 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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
OF**

FILED

2023 JUN -2 PM 12:50

A FULL BLESS General Services LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/07/2023 and assigned
Florida document number L23000121039.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ELIEZER DEL VALLE GONCALVES

New Registered Office Address:

2454 SWEETWATER CLUB CIR, 31

Enter Florida street address

KODDINCEE

City

Florida

34746

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.

Eliezer Goncalves

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	Name	Address	Type of Action
AP	GONCALVES ELIEZER	2454 SWEETWATER CLUB CIR, 31	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	GONCALVES ELIEZER SR	2454 SWEETWATER CLUB CIR, 31	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE
OFFICE
TALLAHASSEE, FL

RECEIVED
2023-1-2 PM12:50
CLERK OF STATE
TREASURER, FL

Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 (3)(b) this date will not be listed as the

Dated 06/01/2023, _____

ELIEZEN DEL VALLE GONCALVES
Typed or printed name of signer

Filing Fee: \$25.00