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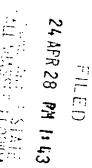
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
SUBJECT: Blessec	d Cars Lic			
SUBJECT.		ited Liability Company		
	Amendment and fee(s) are sub-	_		
Please return all correspo	ndence concerning this matter	to the following:		
	Edwin H Silva	a		
		Name of Person		
	Blessed Cars			
		Firm/Company		
	2598 N Orang	e Blossom Trail		
		Address		
	Kissimmee, Fl	34744		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report not	tification)	
For further information c	oncerning this matter, please ca	all:		
Edwin H Silva		at (_863) 419-63	80	
Name o	f Person		ne Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration 9		Street Address: Registration So	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blessed Cars Lic	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\underline{0}$	4/21/2024 and assigned
Florida document numberL23000197464	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	PR 2
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on our re	ecords, enter the name of the new registe
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	ida street address
	171 / 1

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.

Cin

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
Manager	Edwin H Silva	2598 N Orange Blossom Trail	
			⊠Remove
			□Change
			□Add
			Remove
			□Change
			
		*****	□Remove
		<u></u>	□Change
			□Add
		-10-512	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

9. 11 an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	778 2
(If an e Note:	tive date, if other than the date of filing:
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	05/22/2024 () Starling
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Pillian P. .. 605 00