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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

			address										
an	nual	repor	t mailin	qs.	Enter	only	one	email	add	ress	ple	ase`:	* *

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BLESS UR MESS LLC**

Certificate of Status	0
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Page Count	04
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T. LEMIEUX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Bless UR Mess LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number L23000207754	were filed on 04/27/23 and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liah	i <u>lity_company</u> here:					
The new name must be distinguishable and contain the words "Limited Liab:	lity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	911 Henry Ave.					
(Principal office address MUST BE A STREET ADDRESS)	Lehigh Acres, FL 33972					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	911 Henry Ave. Lehigh Acres, FL 33972					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered					
New Registered Office Address:	Enter Florida street address					
	Florida — N					
	. S					

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
AMBR	HERRMANN, STEPHANIE	911 Henry Ave.	
		Lehigh Acres, FL 33972	□Remove
			XChange
<u></u>			□Add
			□Remove
			□Change
			□Add
			□ Remove
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ffective date, if other than the date must ote: If the date inserted in this bloomeument's effective date on the Department.	be specific and cannot be prior to ck does not meet the applicab			
record specifies a delayed effective is filed.	date, but not an effective tim	e, at 12:01 a.m. on the ea	arlier of: (b) The 90th day	after the
, May 16	2023	. •		
ated Thay 20				
	MIT W Signature of a member or authori			_

Filing Fee: \$25.00