

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002219463)))



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		Division of Co	orporations			
		Fax Number	: (850)617-6383			
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			: LEGALINC CORPOR	ATE SERVICES	INC.	
			r : 120180000011			
			: (844)386-0178 : (214)317-4754			
		rax womber	: (214)51/-4/54			
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLESSED FOR SHORE LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on 05/03/2023 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	ility Company," the designation "LLC" or the abbreviation "L.L.C." 42724 Cool Breeze Square		
(Principal office address MUST BE A STREET ADDRESS) Lecsburg, VA 20176			
Enter new mailing address, if applicable:	42724 Cool Breeze Square		
iling address MAY BE A POST OFFICE BOX) Leesburg, VA 20176			
B. If amending the registered agent and/or registered a			

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:		ALLAN	NUL EZE		AP
New Registered Office Address:		SSE NUM	21	E.	PRO
	Enter Florida street address		PH	0	VEC
	, Florida	35	بي Zip <mark>ک</mark> de		
Projetured Agaptic State of the state of the			14		

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 heing 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 Changing Registered Agent, Signature of New Registered Agent

. To: 18506176383 From: 12147128131 Date: 06/21/23 Time: 7:32 PM Page: 03/04

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000221946 3)))

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	ELLERY, KRISTEN	42724 Cool Breeze Square	
		Leesburg, VA 20176	
<u> </u>			🗆 Add
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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

Dated	June 14	2023
		Kt all
		Signature of a member or authorized representative of a member
	KRISTEN ELLERY	

Typed or printed name of signee