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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

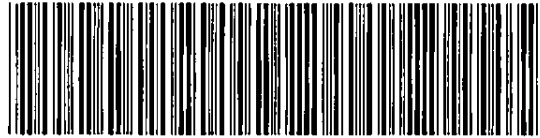
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Plus Wash, Dry & Fold 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:

Ana L Rentero
Name of Person

Firm/Company

3080 Cassidy Ln.
Address

Haines City, FL 33844
City/State and Zip Code

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

For further information concerning this matter, please call:

Ana L. Rentero at (978) 305-4348
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

A Plus Wash Dry & Fold Services 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 were filed on June 26, 2023 and assigned Florida document number L23000306495.

This amendment is submitted to amend the following:

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

Blessed Landscaping LLC

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 record is filed.

Ana L. Renteria Rodriguez
Signature of a member or authorized representative of a member

Ana L. Rentero Rodriguez
Typed or printed name of signer

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G23000098464

Fictitious Name to be Registered: BLESSED LANDSCAPING

Mailing Address of Business: 3080 CASSIDY LN
HAINES CITY, FL 33844

Florida County of Principal Place of Business: POLK

FEI Number:

FILED
Aug 23, 2023
Secretary of State

Owner(s) of Fictitious Name:

A PLUS WASH DRY & FOLD SERVICES
3080 CASSIDY LN
HAINES CITY, FL 33844
Florida Document Number: L23000306495
FEI Number: 93-2129115

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

ANA L RENTERO RODRIGUEZ

08/23/2023

Electronic Signature(s)

Date

Certificate of Status Requested ()

Certified Copy Requested ()

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L23000306495
FILED 8:00 AM
June 26, 2023
Sec. Of State
jgharris**

Article I

The name of the Limited Liability Company is:
A PLUS WASH, DRY & FOLD SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3080 CASSIDY LN
HAINES CITY, FL. 33844

The mailing address of the Limited Liability Company is:
3080 CASSIDY LN
HAINES CITY, FL. 33844

Article III

The name and Florida street address of the registered agent is:
ANA L RENTERO
3080 CASSIDY LN
HAINES CITY, FL. 33844

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ANA L RENTERO

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G23000098464

Fictitious Name to be Registered: BLESSED LANDSCAPING

Mailing Address of Business: 3080 CASSIDY LN
HAINES CITY, FL 33844

Florida County of Principal Place of Business: POLK

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Owner(s) of Fictitious Name:

A PLUS WASH DRY & FOLD SERVICES
3080 CASSIDY LN
HAINES CITY, FL 33844
Florida Document Number: L23000306495
FEI Number: 93-2129115

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

ANA L RENTERO RODRIGUEZ

08/23/2023

Electronic Signature(s)

Date

Certificate of Status Requested ()

Certified Copy Requested ()