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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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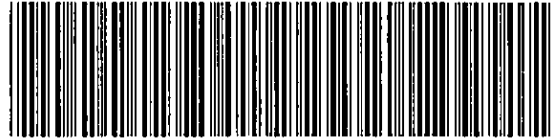
(Business Entity Name)

(Document Number)

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2023 AUG 14 AM 7:17
FILED
TALLAHASSEE, FL

8/29/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tangible Blessings 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:

Tanya Green

Name of Person

Tangible Blessings LLC

Firm/Company

1150 NW 72nd Ave Tower 1 Ste 455 #12170

Address

Miami, FL 33126

City/State and Zip Code

Tldavis@tangibleblessings.com

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

For further information concerning this matter, please call:

Tanya Davis

407
at ()

506-4007

Name of Person

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**

Tangible Blessings LLC

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

2023 AUG 14 AM 7:17

The Articles of Organization for this Limited Liability Company were filed on July 28, 2023 and assigned
Florida document number L23000356800.

This amendment is submitted to amend the following:

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

N/A

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:

Tanya Davis

New Registered Office Address:

2414 Bellingham Ct

Enter Florida street address

Kissimmee

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.


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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Tanya Green	2414 Bellingham Ct	<input type="checkbox"/> Add
		Kissimmee FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tanya Davis	2414 Bellingham Ct	<input checked="" type="checkbox"/> Add
		Kissimmee, FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00