

L23000396565

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Home Of 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:

Nkeiruka Archinihu
Name of Person
Home Of Blessings LLC
Firm/Company
14367 Rockledge Grove Court
Address
Orlando, Florida 32828
City/State and Zip Code
narchinihu@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nkeiruka Archinihu 720 2810016
at ()
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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
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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)

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.

Dated 11/20/23

Shesha Acharya

Signature of a member or authorized representative of a member

Nkeiruka Archinihu

Typed or printed name of signee