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## **COVER LETTER**

Division of Corporations
SUBJECT: Blessed Living 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:
Margaret L. White Name of Person
Blessed Living LLC
5427 Napa Drive
Sarasota, Florida 34243 City/State and Zip Code
Margaret @ margaretwhite coaching. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Margaret White at (678) 283-1050 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status

TO:

Registration Section

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

<u> </u>	<u>. C</u>	<u>-</u>
(Name of the Limited Liability Compa (A Florida Limited)	thy as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000010271</u> .		<b>2</b>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Margaret White Coachu The new name must be distinguishable and contain the words "Limited Liabil	ing LLC lity ompany," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	5427 Mapa Dniv	<u>.                                    </u>
(Principal office address MUST BE A STREET ADDRESS)	5427 Mapa Drive Sarasota, FLorid	a 34243
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(Some as abore)	)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: * Re	address on our records, enter the nan	ne of the new registered
Name of New Registered Agent:		753 -
New Registered Office Address:		
New Neglisiered Office Address.	Enter Florida street address	l ,
	Florida	<u>:</u>
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		(L)
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further ag performance of my duties, and I am	gree to comply with the 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. Thereby confirm that the limited liability

company has been notified in writing of this change. n a

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 **Title** Name Address Type of Action  $\square$ Add \_\_\_\_\_ Change \_\_\_\_\_\_ □ Remove \_\_\_\_ □Add \_\_\_\_\_\_ □Change \_\_\_\_\_ □Change 

\_\_\_\_\_ □Remove

\_\_\_\_\_\_ □Change

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	date, if other than e date is listed, the date		ing:	15/2024	<i>k</i>	(optional)	. 15	207
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	ecities a delayed effe	ctive date, but r	ot an effective	time, at 12:01 a	a.m. on the earl	ier of: (b) Th	e 90th day after t	he
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