

L24 000045610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

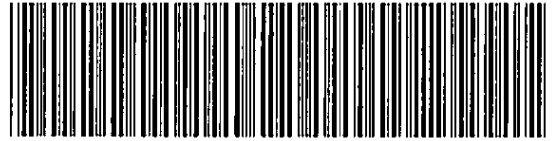
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400422603294

STATE
SAFE, FL

2024 FEB -5 AM 9:43

10



RECEIVED

2024 FEB -5 AM 10:53

NOTARIAL SERVICE
TALLAHASSEE, FLORIDA

R. HUNT

2/6/24

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: 12021000160: __\$25.00__

Authorization Signature: *Janet Sullivan*

House of Blessed LLC L24000045610

Business Document #

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Certified copy of articles

☐ Certificate of Status

RECEIVED
STATE OF FLORIDA
TALLAHASSEE, FL
JAN 10 9:44 AM

NEW FILINGS

AMMENDMENTS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ CORP

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

☐ Annual Report
☐ Fictitious Name

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ APOSTIL _____
Country

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOUSE OF BLESSED 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:

Name of Person

RS ACCOUNTING AND TAX SERVICES INC

Firm/Company

10 FAIRWAY DRIVE SUITE 306

Address

DEERFIELD BEACH, FL 33441

City/State and Zip Code

info@rsaccountingtax.com

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

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TALLAHASSEE, FL
JUL 13 2011
AM 9:44

For further information concerning this matter, please call:

RODRIGO P SILVA

954

623-7615

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
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**

HOUSE OF BLESSED 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 01/24/2024 and assigned
Florida document number 1.24000045610.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

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>
MGR	CHARLESA-DIAS, BERIA A	527 WILDWOOD LANE E	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLES-DIAS, BERIA A	527 WILDWOOD LANE E	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIEIRA RODRIGUES, EDGAR	19 BROAD ST	<input type="checkbox"/> Add
		DANVERS MA 01923	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017-03-15 AM 9:44
STATE
SSEE, FL

