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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of	Corporations			
	OF BLESSED LLC			
SUBJECT:	Name of Lit	mited Liability Company * •	1	
	•	•		
The enclosed Articles	s of Amendment and fee(s) are su	•		
Please return all corre	espondence concerning this matte	r to the following:		
		Name of Person		
	RS ACCOUNTING ANI	TAX SERVICES INC		
Firm/Company			202 SE	
10 FAIRWAY DRIVE SUITE 306			CRE THE	
		Address		- []
	DEERFIELD BEACH, F	L 33441		2024 HAR -1 AM II: 07 SECRETARY OF STATE SEALL AHASSEE, FL
		City/State and Zip Code		- EFS
	info@rsaccountingtax.com			四四日
	E-mail address:	(to be used for future annual report noti	fication)	1 5 1
For further information	on concerning this matter, please	call:		
RODRIGO P SILVA		954 623-7615		
Nar	ne of Person	Area Code Daytim	e Telephone Numbe	r
Carlos of the Areal P	and Callerian annual			
	or the following amount:	□ ess ee mil n e	E 640.00 "	
■ \$25.00 Filing Fed	e □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy		ite of Status &
		(additional copy is enclosed)	Certified (additional	l Copy I copy is enclosed)
Mailing Adv	trace	Street Address:		
Mailing Address: Registration Section		Registration Se		
Division of Corporations		Division of Cor	•	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street. Suite 810		

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

НО	USE OF BLESSED LLC			
(<u>Name of the Limited Liab</u> i (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Florida document number <u>L24000045610</u>	Company were filed on 01/23/2024	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		207 Si		
(Principal office address MUST BE A STREET ADD	DRESS)	TO THE TOTAL PARTY AND THE PAR		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SOR E TO		
agent and/or the new registered office address here		<u> </u>		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addres.	s		
	, Flo	orida		
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable: sincipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent:				

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>	Address	Type of Action
MGR	EDGAR VIEIRA RODRIGUES	19 BROAD ST	□Add
		DANVERS. MA 01923	■Remove
			☐ Change
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ective date, if other than the da	e of filing:	(option	nal)	
reffective date is listed, the date must be	specific and cannot be prior to date of filing does not meet the applicable statutory	or more than 90 days after 1	iling.) Pursuant to 60:	5.0207
cument's effective date on the Depar		ining requirements, this	date will not be its	icu na
cord specifies a delayed effective da s filed.	te, but not an effective time, at 12:01 a	.m. on the earlier of: (b)	The 90th day afte	er the
ed FEBRUARY 24	2024			
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Filing Fee: \$25.00