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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXPEOPLE LLC Account Number : 120200000160 Phone : (772)460-1000 Fax Number : (772)777-3071

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLESS COMPANY USA, LLC

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NUV 13 2024

COVER LETTER

Division of Corpo			
SUBJECT.	BLESS CO	MPANY USA, LLC	
SUBJECT:	Name of Li	mited Liability Company	······································
). ;.		
The enclosed Articles of Ar	mendment and fee(s) are su	bmitted for filing.	
Please return all correspond	lence concerning this matte	r to the following:	· · · · · · · · · · · · · · · · · · ·
• :	.		-
	r *	CLAUDIO TOLEDO RIBEIRO	
		Name of Person	
		TAXPEOPLE, LLC	
	:	Firm/Company	
		2855 SW BRIGHTON ST	
	·····	Address	
		PORT LUÇIE, FL 34953	
	1,	City/State and Zip Code	
	;	info@taxpeoplefl.com	
,	E-mail address:	(to be used for future annual report notific	ation)
For further information con-	cerning this matter, please o	call:	
Claudio Toledo Ribeiro		772 460.1000	
Name of Pe	erson .	Area Code Daytime T	elephone Number
5 1 11	·		
Enclosed is a check for the f	ollowing amount:		
€ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
	•	•	***
		•	
Mailing Address:		Street Address:	
Registration Sec		Registration Secti	
Division of Corp P.O. Box 6327	orations	Division of Corpo	
Tallahassee, FL	32314	The Centre of Tal	
randingsoo, TE	J2J1T :	2415 N. Monroe S Tallahassee, FL 32	
		raitaitajock, LP 3.	٠: د٠د٠

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

BLESS COMPANY USA, LLC

ARTICLES OF	AMENDMENT	
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·	ORGANIZATION	400 4
·	·	ES 2
· .)F	The state of the s
	IPANY USA, LLC	ecords.)
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our r	ecords.)
(Cidomicy Company)	
The Articles of Organization for this Limited Liability Compar	by were filed on $02/08/2$	2024 and assigned
Florida document number : L24000068005		3 5 5 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5
wi		
This amendment is submitted to amend the following:		
4. If amending name, enter the new name of the limited liab	vility company home	
The real state of the mante of the manted hat	mity rumpany nere:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter non-minimal officer address to a 19 11		
Enter new principal offices address, if applicable:	10375 Vista Oaks Ct. I	Unit 217
Principal office address MUST BE A STREET ADDRESS)	Orlando, Fl - 32836	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:	10275 Vista Onlar Ca. 1	Turk name of the state of the s
	10375 Vista Oaks Ct. I	Jane 217 Section 1
Mailing address MAY BE A POST OFFICE BOX	Orlando, Fi - 32836	The second secon
3. If amending the registered agent and/or registered office a	address on our records, ei	ter the name of the new registered
gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:	. :;	
rante of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street a	ddress
	.;	
	City	, Florida
icw Registered Agent's Signature, if changing Registered Agent:	· · · · · · · · · · · · · · · · · · ·	in the state of
Ackietete Agent's Signature, il 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

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
AMBR	SAMUEL DIAS NEIVA	÷ ,	
		10375 Vista Oaks Ct. Unit 217	□ Add
		· · · · · · · · · · · · · · · · · · ·	
		Orlando, Fl - 32836	□Remove
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fective date, if other than the date of filing:	
in 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 5.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat	
Il not be listed as the document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th ay after the record is filed	
Dated November 12th, 2024.	
Signature of a member or authorized representative of a member	
Claudio Toledo Ribeiro	·