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## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

Tallahassee, FL 32314

	sing group LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Noa Hen		
		Name of Person	
	Dedicated CPA		
		Firm/Company	<u> </u>
	7520 NW 5th St, Ste 103		
		Address	·
	Plantation, FL 33317		
		City/State and Zip Code	
	Ariel@dedicatedcpa.com		
Una familia de la formação		to be used for future annual report no	otification)
For lutther informatio	n concerning this matter, please c	ali:	
Shir Buhbut		224 2568446 at ()	
Nam	e of Person	Area Code Dayti	me Telephone Number
Enclosed is a check fo	r 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)
<u>Mailing Add</u> Registratio	·	Street Address: Registration S	ection
Division of P.O. Box 6	Corporations	Division of Co	-
r.O. Box o	321	The Centre of	rananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

An Blessing group LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany a <u>s it now appears on our records.</u> ) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on Mar 6, 2024	and assigned
lorida document number L24000115112		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	٠
Principal office address MUST BE A STREET ADDRESS		92
		<u>;                                </u>
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
The state of the s	<del></del>	ري دي
s. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Shir Sol Buhbut	27001 US Hwy 19 N Suite 1039 Clearwater FL 3376	l <b>≣</b> Add
		<del> </del>	_ □Remove
			_ = Change
MGR	Lidor Ben Naim	27001 US Hwy 19 N Suite 1039 Clearwater FL 3376	l _ □Add
			_ <b>≡</b> Remove
			_ □Change
			_ □Add
			_ 🗆 Remove
			_ ⊡Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ Change
			_ □Add
			_ Remove
			∃Change

an effecti ote: If	date, if other than the date of filing:
record s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	/03/2024
	$\frac{1}{\sqrt{2}}$
	Signature of a member or authorized representative of a member