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(((H24000202856 3)))



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. Promotomo los sus representación de la completa en en estado mental en la promoto en el completa de la completa

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 : (775)329-7721 Fax Number : (775)376-9207

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

laloveswag83@gmail.com T Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## ANOTHER BLESSING SERVICES, LLC

Certificate of Status	Omediate in the state of the control of the state of the
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANOTHER BLESSH	NG SERVICES, LLC
(Nume of the Limited Liability Comp. (A Florida Lunned	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company  Torida document number L24000191268	y were filed on 04/23/24 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited list	billiy company here:
he new name must be distinguishable and commin the words "Limited Liabi	itity Company," the designation "LLC" or the abbreviation "LLC"
inter new principal offices address, if applicable:	7210 Manatee Ave #1294
Principal office address MUST BE A STREET ADDRESS	Bradenton, FL 34209
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	
. If amending the registered agent and/or registered or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Educated agent analytical life flew registered unice address her	
Name of New Registered Agent:	10
New Registered Office Address:	
	Enser Florida street address
<del> </del>	Cny Zip Code
ew 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 fitte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
Title	Name	Address	Type of Action
		,	D Add
			☐ Remove
			Change
			□ Add
		□ Remove	
			☐ Change
<del></del>			D Add
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			Change
		·	□ Add
			C Remove
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			☐ Chaoge

D.

<u></u>	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· <del></del>	
·	
iffective dat	c, if other than the date of Ming: N/A (optional)
Note: If the it	(optimal) te is listed, the date must be specific and counct be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as fective date on the Department of State's records.
e record sp The 90th	Decifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of day after the record is filed.
Pated	
	Signature of a member or cultorized representative of a member
	Lacuita Taylor
_	Typed or printed items of signer

Page 3 of 3

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