## L25000232642

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

Division of Co				
SUBJECT:	Such Bless Tr	ord Condo LLO ted Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	J	PSSICA TAS Name of Person		
		Firm/Company		
	123 Cves	hvocal lane		
	Laro	0 FL 33770 City/State and Zip Code	\$ECKCTAL \$FOKETAL \$7415111	,
	E-majl address: (1	catas ray (o iclusto be used for future annual report notific	ation) FITE S	:
For further information	concerning this matter, please ca	all:	PATE	) )
Je SS 10 Name	CA TOS of Person	at (407) 393- Area Code Daytime	- 4650 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)	
<u>Mailing Addr</u> Registration		Street Address: Registration Sec	tion	
_	Corporations	Division of Corp The Centre of Ta	porations	
Tallahassee.			Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

God bles	s This (ondo LU	· 
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our reco la Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number $\pm 25000232642$		12025 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SE
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
		0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		TE 3
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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 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>	Name	Address	Type of Action
AP	Mackinzie Tas	123 Crestwood Lane	□Add
		Lorgo FL 33770	⊠Remove
			□Change
AP	Jessica Tus	123 (Vestwood Lane	<del>E</del> Xdd
		Largu, FL 33770	
	-11		2025 ge UN 1 8 AH S
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_			03
	e date, if other than the date of filing: (optional	l) re ) Pursuant to	605 0207 :
Effective	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filtr	C.1	
If an effec <u>Note:</u> If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filir the date inserted in this block does not meet the applicable statutory filing requirements, this dat's effective date on the Department of State's records.	te will not be	listed as i
lf an effec <u>Note:</u> If		te will not be	listed as I
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