

N1160000004505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

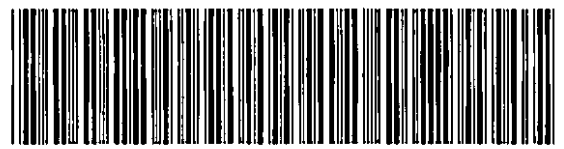
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 SEP 17 PM 4:28
STATE OF ALABAMA
HALL AND ASSOCIATES, P.A.

Handwritten signature

SEP 18 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

88 Blessings Inc.

NAME OF CORPORATION: _____

N16000004505

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERICA WILSON

(Name of Contact Person)

88 BLESSINGS INC

(Firm/ Company)

15804 TISSONS BLUFF RD

(Address)

JACKSONVILLE, FL 32218

(City/ State and Zip Code)

88BLESSINGSERICA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERICA WILSON

904

290-3588

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

** Fee PAID
Accepted and Processed
Check # 1139 8/22/18*

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
18 SEP 17 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2018

ERICA WILSON
88 BLESSINGS INC.
15804 TISONS BLUFF RD
JACKSONVILLE, FL 32218

SUBJECT: 88 BLESSINGS INC.
Ref. Number: N16000004505

We have received your document for 88 BLESSINGS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 318A00017281

Articles of Amendment
to
Articles of Incorporation
of

88 BLESSINGS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N16000004505

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A _____
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A _____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A _____

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

N/A
Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address: _____
_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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STATE OF FLORIDA
SOUTH FLORIDA

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PR</u>	<u>QUA-KITA ANDERSON</u>	<u>9805 PATRIOT RIDGE DR</u> <u>JACKSONVILLE FL 32221</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>ANISKA ELLIOT</u>	<u>15804 Tisons Bluff Rd</u> <u>Jacksonville, FL 32218</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>clerk</u>	<u>CHARLOTTE LOVE</u>	<u>1421 CREEK POINT BLVD</u> <u>JACKSONVILLE, FL 32218</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

88BLESSINGS INC.
DOCUMENT #N16000004505

AMENDMENT FILING:

**PLEASE NOTE OUR ORGANIZATIONS HAS THE
FOLLOWING TITLES:**

**PRESIDENT
STRATEGY DIRECTOR
SECRETARY
PUBLIC RELATIONS
VICE PRESIDENT
CFO
CLERK**

CHANGES SHOULD BE NOTED:

REMOVAL: CURRENTLY QUA-KITA ANDERSON IS LISTED WITH A TITLE PUBLIC RELATIONS, QUA-KITA ANDERSON LEAVES THE ORGANIZATION.

ADDITION: ANISKA ELLIOT HAS BEEN ADDED AS A (D) **DIRECTOR**

CHANGES: CHARLOTTE LOVE CURRENTLY IS LISTED AS MEDIA.

CHARLOTTE LOVE'S POSITION WILL CHANGE TO **CLERK**

The date of each amendment(s) adoption: 7/11/18, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

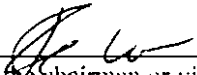
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated September 8, 2018

Signature 
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Erica Wilson
(Typed or printed name of person signing)

President
(Title of person signing)