## N16000004505

(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer	$\neg$
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## <u>COVER LETTER</u> . . . . . .

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	88 Blessings Inc. ON:		_				
DOCUMENT NUMBER:	N16000004505						
The enclosed Articles of An		mitted for filing.					
Please return all correspond	ence concerning this matt	er to the following:					
Erica Wilson							
		(Name of Contact Person	n)	<del></del>	_		
88 Blessings Inc.							
	<del></del>	(Firm/ Company)					<del></del>
2086 Jodeco Rd #1027							
		(Address)	<del></del>		·		
McDonough, Georgia 3025	52				338	2024	
		(City/ State and Zip Cod	e)			HAR	-17
info@ericawilsonih2h.com						26	22.144.00 ·
i.	-mail address: (to be used	for future annual report	notification	1)	20	=	
For further information con-	cerning this matter, please	e call:			S	AH 10: 40	U
Erica Wilson		oo. at	4-290-3588		. 12	0	
	(Name of Contact Person	(A:	rea Code)	(Daytime Tele	phone Ni	ımber)	
Enclosed is a check for the t	following amount made p	ayable to the Florida Dep	artment of S	State:			
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certiti Certiti	Filing Fee cate of Status ed Copy ional Copy is sed)			
Mailing A	Address	Street	Address				

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## 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 Nun	nber of Corporation (if known)	)
Pursuant to the provisions of section 617.1006, Florida Stattamendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Pro</i>	fit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
Mothers of Motivated Sons Inc.		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or i	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	$\underline{s}$ ) $M$	
		202  SE
		<u> </u>
C. Enter new mailing address, if applicable:	2086 Jodeco Rd #1027	20 20 20 au
(Mailing address MAY BE A POST OFFICE BOX)	McDonough, Ga 30253	- <del> </del>
	wictionough, (ta 30235	
		ा ज <b>ि</b>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		r the name of the
Name of New Registered Agent:	1//	
	$\overline{}$	
	tFlorida s	treet addressi
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent. I am j	familiar with and accept the of	bligations of the position.
<del></del>	Signature of New Registered :	Agent, if changing

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:  X Change X Remove X Add	PT         John De           V         Mike Jo           SV         Sally St	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	n suc	Sawanda Sirmans	7643 Gate Pkwy #104-717 Jacksonville, Florida 32256
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti is, if necessary).	eles, enter change(s) here: (Be specific)	
	·		
<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·

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	***************************************
The date of each amendment(s) adoption: March 22, 202-date this document was signed.	, if other than the
Effective date if applicable: February 14, 2024	
(no more than 90 c	lays after amendment file date)
<u>Note:</u> If the date inserted in this block does not meet the app document's effective date on the Department of State's recor	licable statutory filing requirements, this date will not be listed as the ds.

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

(CHECK ONE)

Adoption of Amendment(s)

	M 1.22.3031
Đa	March 22, 2024 ted
Sig	nature
	(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)
	) ,
	Knco Milson
	(Typed or printed name of person signing)
	President
	Dellant