N16000006126

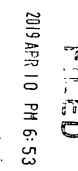
(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(Dx	ocument Number))
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C. GOLDEN APR 1 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Bea's Blessings N:				
DOCUMENT NUMBER:	N16000006126				
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
Debra Daniel					
	(Name of Contact Pe	rson)		
		(Firm/ Company)		
3571 Pawleys Loop S					
_ .		(Address)			
Saint Cloud, FL 34769					
	(City/ State and Zip C	Code)		
debdan520@yahoo.com					
E	-mail address: (to be used	or future annual repo	ort notification		
For further information conce	erning this matter, please c	all:			
Debra Daniel		at	407	764-8137	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida D	epartment of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing A			eet Address		
Amendmer Division of	nt Section Corporations	Amendment Section			
P.O. Box 6		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

BEA'S BLESSINGS, INC.			2019 APR 10 PM 6: 5	
(Name of Corporation	as current	ly filed with the Flo	rida Dept. of State)	
			La Company	
(Docu	nent Numbe	er of Corporation (if k	(nown)	
Pursuant to the provisions of section 617.1006. Flomendment(s) to its Articles of Incorporation:	rida Statutes	s, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following	
. If amending name, enter the new name of the	e corporatio	on:		
			The new	
ame must be distinguishable and contain the word		ion" or "incorporate	d" or the abbreviation "Corp," or "Inc,"	
Company" or "Co." may not be used in the nam	<u>e</u> .	2571 0. 1 1	0	
Enter new principal office address, if applica		3571 Pawleys Loop	3	
Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</u>)	Saint Cloud, Fl 3476	59	
Enter new mailing address, if applicable:		2571 (2004) 1	c	
(Mailing address MAY BE A POST OFFICE	BOX)	3571 Pawleys Loop	S	
		Saint Cloud, FL 347	69	
				
. If amending the registered agent and/or regi	stered office	e address in Florida	enter the name of the	
new registered agent and/or the new register	ed office ac	<u>ldress:</u>	, enter the name of the	
None of Nov. Business I America	Debra Dar	niel		
Name of New Registered Agent:	3571 Pawl	eys Loop S		
New Registered Office Address:	(Florida street address)			
	Saint Cloud		34769	
		(City)	, Florida <u>34769</u> (Zip Code)	
		(Cay)	(Σιρ Code)	
ew Registered Agent's Signature, if changing I				
hereby accept the appointment as registered agen	it. I am fan -	iiliar with and accept	t the obligations of the position.	
	()	Jebra Q	aniel	
-	Sig	nature of New Regis	tered 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 Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) A Change	PD	Lyndon Green	3571 Pawleys Loop S
Add			Saint Cloud, FL 34769
Remove			
2) X Change	DP	Debra Daniel	3571 Pawleys Loop S
Add			Saint Cloud, FL 34769
Remove	VI)	Thomas Todd	3112 Keystone Pointe
3) Change x Add			Saint Cloud, FL 34772
Remove			
4) Change	TD	Jared A. Daniel	3571 Pawleys Loop S
Add			Saint Cloud, FL 34769
X Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			

attach additional sheets, if t	iecessary). (Be	<i>specijic)</i>				
						
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The date of each amendment(s) adoption:	, if other than th
ate this document was signed.	
ffective date <u>if applicable</u> :	
(no mo	re than 90 days after amendment file date)
Note: If the date inserted in this block does not in locument's effective date on the Department of S	neet the applicable statutory filing requirements, this date will not be listed as the tate's records.
Adoption of Amendment(s) (CHE	CK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)
There are no members or members entitled to adopted by the board of directors.	o vote on the amendment(s). The amendment(s) was/were
April 4, 2019	
Dated	
Signature Odorov	Janiel
	hairman of the board, president or other officer-if directors y an incorporator – if in the hands of a receiver, trustee, or uciary by that fiduciary)
Debra D. Daniel	
	(Typed or printed name of person signing)
President	
	(Title of person signing)