P140000014194

(Re	equestor's Name)	
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	()
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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Amend

0CT 2 5 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section ** **Division of Corporations**

NAME OF CORPO	RATION: BLESSING FAMI	LY HOME INC.	
DOCUMENT NUM	BER: P16000074194		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JUAN CRUZ		
		Name of Contact Persor	1
BLESSING FAMILY HOME INC.			
	-	Firm/ Company	
	70 E 21ST STREET		
		Address	_
	HIALEAH, FL 33010		
		City/ State and Zip Code	2
JCRI	JZ@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
JUAN CRUZ		at (³⁰⁵⁻⁸⁸⁸⁻⁰⁷	7 ^ç)
Name of Contact Person Area Code & Daytime Telephone Num		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)
Mailing Address			Address
	endment Section ision of Corporations		ment Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle		xecutive Center Circle	

Tallahassee, FL 32301



October 5, 2016

JUAN CRUZ BLESSING FAMILY HOME INC 70 E. 21ST STREET HIALEAH, FL 33010

SUBJECT: BLESSING FAMILY HOME INC

Ref. Number: P16000074194

We have received your document for BLESSING FAMILY HOME 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box regarding the adoption of the amendment.

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: 816A00021500

Articles of Amendment to Articles of Incorporation of

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	C.
(2.0)	<u></u>
of State) 🧀 😁	·.

BLESSING FAMILY HOME INC.

6000074194	<u> </u>	itly filed with the Florida Dept. of State)
	ocument Number	of Corporation (if known)
rsuant to the provisions of section 607.1006, Flo Articles of Incorporation:	orida Statutes, thi	is Florida Profit Corporation adopts the following amendm
If amending name, enter the new name of the	ne corporation:	
		The new
	Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
Enter new principal office address, if applic	ahle:	70 E 21ST STREET
incipal office address MUST BE A STREET ADDRESS)		HIALEAH, FL 33010
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		JA F ALCY CYREET
		70 E 21ST STREET
(Mutting dauress MAT BE A POST OFFICE	E BOX)	HIALEAH, FL 33010
(Mutting duaress MAT BE A POST OFFICE	EBOX)	
If amending the registered agent and/or reg		HIALEAH, FL 33010
	<u>istered office ad</u>	HIALEAH, FL 33010 dress in Florida, enter the name of the
If amending the registered agent and/or reg	<u>istered office ad</u>	HIALEAH, FL 33010 dress in Florida, enter the name of the
If amending the registered agent and/or reg new registered agent and/or the new registe	<u>istered office ad</u>	HIALEAH, FL 33010 dress in Florida, enter the name of the
If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent	istered office ad ered office addre	HIALEAH, FL 33010 dress in Florida, enter the name of the ess:
If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent	istered office ad ered office addre	HIALEAH, FL 33010 dress in Florida, enter the name of the ess:

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	JUAN CRUZ	6820 N AUGUSTA DR
Add			HIALEAH, FL 33015
X Remove			
2) Change	P	JUAN CRUZ	70 E 21ST STREET
X Add			HIALEAH, FL 33010
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	•
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an amendment provides for an exch	ange, reclassification, or cancellation of issued sha	res,
provisions for implementing the ame	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	res,
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	res,
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provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself: .	res,

September 28, 2016	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
September 28, 2016	
Effective date if applicable: (no more than 9)	days after amendment file date)
Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to	
"The number of votes east for the amendment(s) was/wer	·
by(voling group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder
September 28, 2016 Dated	
Signature 4	
(By a director, president or other office	eer - if directors or officers have not been c hands of a receiver, trustee, or other court
JUAN CRUZ	
(Typed or printed	name of person signing)
PRESIDENT	
(Title	of person signing)